

Fill in this information to identify the case:

Debtor name Clinica Santa Rosa de Guayama

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, PONCE DIVISION

Case number (if known) 2:16-bk-9033

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 12, 2016

X /s/ FERNANDO ALARCON OCASIO

Signature of individual signing on behalf of debtor

FERNANDO ALARCON OCASIO

Printed name

PRESIDENT

Position or relationship to debtor

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United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, PONCE DIVISION

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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B..... \$ 4,724,000.00

1b. Total personal property:

Copy line 91A from Schedule A/B..... \$ 4,447,434.93

1c. Total of all property:

Copy line 92 from Schedule A/B..... \$ 9,171,434.93

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A Amount of claim, from line 3 of Schedule D..... \$ 14,715,035.56

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... +\$ 7,688,362.20

4. Total liabilities

Lines 2 + 3a + 3b

\$ 22,403,397.76

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Banco Santander

Checking

1932

\$13,533.93

3.2. Banco Santander

Checking

1940

\$4.08

3.3. Oriental Bank

Checking

1587

\$184,571.48

3.4. Oriental Bank

Checking

4193

\$94.87

3.5. Oriental Bank

Checking

6375

\$2,115.72

3.6. Oriental Bank

Checking

6511

\$77.02

3.7. Banco Popular

Checking

3416

\$119,414.86

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4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$319,811.96

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 129,475.00 - 25,743.00 = \$103,732.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 146,211.00 - 0.00 = \$146,211.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$249,943.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Inventory Net Book Value as of November 30, 2016 (SEE EXHIBIT A)	11/30/2016	\$100,000.00	EMV	\$218,336.97

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23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$218,336.97

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☒ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	<u>2014 Mercedes-Benz E-Class</u>	<u>\$30,000.00</u>	<u>EMV</u>	<u>unknown</u>
47.2.	<u>2003 Ford Econoline Cargo</u>	<u>\$250.00</u>	<u>EMV</u>	<u>unknown</u>
47.3.	<u>2003 Nissan Pathfinder</u>	<u>\$275.00</u>	<u>EMV</u>	<u>unknown</u>
47.4.	<u>2006 Mitsubishi Lancer</u>	<u>\$400.00</u>	<u>EMV</u>	<u>unknown</u>
47.5.	<u>2006 Ford Econoline Cargo</u>	<u>\$600.00</u>	<u>EMV</u>	<u>unknown</u>
47.6.	<u>2006 Ford Econoline Cargo</u>	<u>\$600.00</u>	<u>EMV</u>	<u>unknown</u>
47.7.	<u>2007 Ford Econoline Wagon</u>	<u>\$500.00</u>	<u>EMV</u>	<u>unknown</u>

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47.8.	<u>2004 Mazda B-Series Truck</u>	<u>\$300.00</u>	<u>EMV</u>	<u>unknown</u>
47.9.	<u>2015 Nissan Versa</u>	<u>\$9,500.00</u>	<u>EMV</u>	<u>unknown</u>
47.10	<u>2015 Nissan Versa</u>	<u>\$9,500.00</u>	<u>EMV</u>	<u>unknown</u>
47.11	<u>2015 Nissan Versa</u>	<u>\$9,500.00</u>	<u>EMV</u>	<u>unknown</u>
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	Machinery and Equipment Net Book Value as of June 30, 2015 (SEE EXHIBIT B)			
	<u>Location Hospital Santa Rosa</u>	<u>\$600,000.00</u>	<u>EMV</u>	<u>\$459,343.00</u>
	Equipment - Location Hospital under construction	<u>\$1,000,000.00</u>	<u>EMV</u>	<u>\$3,200,000.00</u>

51. **Total of Part 8.** **\$3,659,343.00**
Add lines 47 through 50. Copy the total to line 87.
52. **Is a depreciation schedule available for any of the property listed in Part 8?**
☒ No
☐ Yes
53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

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55.1.	Bo Machete, Guayama, PR 00784 SANTA ROSA HOSPITAL I Hospital Main Building Finca 12897 Estudio de Titulo de # de Caso: 3835 Guayama	OWNER	\$2,670,000.00	EMV	\$1,124,000.00
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55.2.	Bo Machete, Guayama, PR 00784 Values included in Section 55.1 NORTH AREA PARKING SANTA ROSA I Finca 12897 Estudio de Titulo # de Caso: 3835 Guayama	OWNER	\$0.00		\$0.00
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55.3.	#4, Guayama, PR 00784 SANTA ROSA HOSPITAL II and Building in construction process 2016 ODP and Radiology Finca 8270 Estudio de Titulo de # de Caso: 8270 Guayama	OWNER	\$2,670,000.00	EMV	\$3,020,000.00
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55.4.	Bo Machete, Guayama, PR 00784 Values included in section 55.1 FARMACIA Finca 3789 Estudio de Titulo de # de Caso: 3789 Guayama	OWNER	\$0.00		\$0.00
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55.5.	Bo Machete, Guayama, PR 00784 Values included in 55.1 OFICINA MANEJO DE INFORMACION DE SALUD Finca 3743 Estudio de Titulo # de Caso: 3743 Guayama	OWNER	\$0.00		\$0.00
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55.6. , Guayama, PR 00784
Book Value included
in section 55.3
Parking Hospital
Santa Rosa II
TERRENO I
Finca 3631
Estudio de Titulo #
de Caso:
3918 Guayama OWNER \$0.00 \$580,000.00

55.7. Bo Machete,
Guayama, PR 00784
Value included in
55.1
Santa Rosa I
Warehouse
Finca 3717
Estudio de Titulo de
de Caso:
3717 Guayama OWNER \$0.00 \$0.00

55.8. Bo Machete,
Guayama, PR 00784
Value included in
55.1
Warehouse
TERRENO III
Finca 3722
Estudio de Titulo #
de Caso:
3722 OWNER \$0.00 \$0.00

55.9. , ,
Hogar Santa Rosa
(this property will be
transferred because
is it part of HUD
Collateral) \$0.00 \$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$4,724,000.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☒ No. Go to Part 11.
☐ Yes Fill in the information below.

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Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$319,811.96	
81. Deposits and prepayments. Copy line 9, Part 2.	\$0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$249,943.00	
83. Investments. Copy line 17, Part 4.	\$0.00	
84. Inventory. Copy line 23, Part 5.	\$218,336.97	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$0.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$3,659,343.00	
88. Real property. Copy line 56, Part 9.....>		\$4,724,000.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90. All other assets. Copy line 78, Part 11.	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$4,447,434.93	+ 91b. \$4,724,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$9,171,434.93

Fill in this information to identify the case:

Debtor name Clinica Santa Rosa de Guayama

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, PONCE DIVISION

Case number (if known) 2:16-bk-9033

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
<u>\$52,276.00</u>	<u>\$60,000.00</u>

2.1 **Mercedes-Benz Financial Services**

Creditor's Name

Describe debtor's property that is subject to a lien

**36455 Corporate Dr
Farmington, MI 48331-3552**

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.2 **ORIENTAL BANK**

Creditor's Name

Describe debtor's property that is subject to a lien

\$3,265,073.56

\$375,686.00

**PO Box 195115
San Juan, PR 00919-5115**

Creditor's mailing address

Inventory Net Book Value as of November 30, 2016 (SEE EXHIBIT A)

Describe the lien

Creditor's email address, if known

Date debt was incurred

08/30/2006

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor Clinica Santa Rosa de Guayama
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☐ Yes. Specify each creditor, including this creditor and its relative priority.

2.3 SALICOOP

Creditor's Name

Describe debtor's property that is subject to a lien
2015 Nissan Versa

\$39,883.00

\$28,500.00

**PO Box 1169 box 1169
Salinas, PR 00751-1169**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 USDA RURAL DEVELOPMENT

Creditor's Name

**U.S. Department of
Agriculture
1400 Independence Ave
SW
Washington, DC
20250-0002**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**Bo Machete, Guayama, PR 00784
SANTA ROSA HOSPITAL I Hospital Main
Building Finca 12897 Estudio de Titulo de #
de Caso: 3835 Guayama**

\$7,794,016.00

\$5,340,580.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

**1. USDA RURAL
DEVELOPMENT
2. USDA Rural
Development**

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 USDA Rural Development

Describe debtor's property that is subject to a lien

\$2,846,793.00

\$1,000,000.00

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Creditor's Name

**U.S. Department of
Agriculture
1400 Independence Ave
SW
Washington, DC
20250-0002**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

**Equipment - Location Hospital under
construction**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.6 USDA Rural Development

Creditor's Name

**U.S. Department of
Agriculture
1400 Independence Ave
SW
Washington, DC
20250-0002**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an
interest in the same property?

☐ No

☒ Yes. Specify each creditor,
including this creditor and its relative
priority.

**1. USDA RURAL
DEVELOPMENT
2. USDA Rural
Development**

Describe debtor's property that is subject to a lien

**Bo Machete, Guayama, PR 00784
SANTA ROSA HOSPITAL I Hospital Main
Building Finca 12897 Estudio de Título de #
de Caso: 3835 Guayama**

\$716,994.00

\$5,340,000.00

Describe the lien

As of June 30, 2015

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$14,715,035.
56**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor Clinica Santa Rosa de Guayama

Name

Case number (if known)

2:16-bk-9033

Name and address

On which line in Part 1 did you
enter the related creditor?

Last 4 digits of
account number for
this entity

Fill in this information to identify the case:

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United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, PONCE DIVISION

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☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address A S MEDICAL A S MEDICAL PO Box 60 Hormigueros, PR 00660-0060 Date(s) debt was incurred ____ Last 4 digits of account number <u>0809</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$930.00</u>
3.2	Nonpriority creditor's name and mailing address A.A.A.002-8 A.A.A. 002-8 PO Box 70101 San Juan, PR 00936-8101 Date(s) debt was incurred ____ Last 4 digits of account number <u>1268</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$98.28</u>
3.3	Nonpriority creditor's name and mailing address AAA AAA PO Box 70101 San Juan, PR 00936-8101 Date(s) debt was incurred ____ Last 4 digits of account number <u>1289</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,657.34</u>
3.4	Nonpriority creditor's name and mailing address AAA 001-0 AAA 001-0 PO Box 70101 San Juan, PR 00936-8101 Date(s) debt was incurred ____ Last 4 digits of account number <u>1269</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$92.94</u>

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3.5	Nonpriority creditor's name and mailing address AAA 001-7 AAA 001-7 PO Box 70101 San Juan, PR 00936-8101 Date(s) debt was incurred _____ Last 4 digits of account number <u>1270</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$14,583.39</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address ABBOTT LABORATORIES, P.R. ABBOTT LABORATORIES, P.R. PO Box 71469 San Juan, PR 00936-8569 Date(s) debt was incurred _____ Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,898.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address ABBY A SANCHEZ URB LA HACIENDA, CALLE 43 AW-12 GUAYAMA, PR 00784 Date(s) debt was incurred _____ Last 4 digits of account number <u>5600</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address ABIGAIL BRISTOL MORALES ABIGAIL BRISTOL MORALES BO. PALMAS BAJAS 4 PARCELA 36 Guayama, PR 00784 Date(s) debt was incurred _____ Last 4 digits of account number <u>6116</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$197.20</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address ABIGAIL BRISTOL MORALES BO. PALMAS BAJAS CALLE 4 PARCELA 36 ARROYO, PR 00714 Date(s) debt was incurred _____ Last 4 digits of account number <u>1774</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,518.56</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address ACUALAB DE P.R ACUALAB DE P.R PO Box 625 BOX 625 Humacao, PR 00792-0625 Date(s) debt was incurred _____ Last 4 digits of account number <u>0714</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,591.20</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address ADA ROQUE RIVERA APT 2414 GUAYAMA, PR 00784 Date(s) debt was incurred _____ Last 4 digits of account number <u>0555</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.12	Nonpriority creditor's name and mailing address ADALIZ CABAN PARQUES DE GUASIMAS J16 ARROYO, PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number <u>5262</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.13	Nonpriority creditor's name and mailing address ADALIZ RUIZ RIVERA BO PALO SECO PO Box 13 Maunabo, PR 00707-0013 Date(s) debt was incurred ____ Last 4 digits of account number <u>7089</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.14	Nonpriority creditor's name and mailing address ADALIZCABAN RIOS Date(s) debt was incurred ____ Last 4 digits of account number <u>1526</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$600.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.15	Nonpriority creditor's name and mailing address ADELA GUZMAN URB. CIUDAD UNIVERSITARIA, CALLE 1 DD 13 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>1279</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.16	Nonpriority creditor's name and mailing address ADELA SANTIAGO FELIX PO Box 1173 Patillas, PR 00723-1173 Date(s) debt was incurred ____ Last 4 digits of account number <u>5516</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$426.75</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.17	Nonpriority creditor's name and mailing address ADELA SANTIAGO FELIX PO Box 1173 Patillas, PR 00723-1173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <u>\$500.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.18	Nonpriority creditor's name and mailing address ADELAIDA VARGAS BRISAS DE ARROYO EDIFICIO 3A 38 ARROYO, PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number <u>5503</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$106.68</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.19	Nonpriority creditor's name and mailing address ADELAIDA VARGAS BRISAS DE ARROYO BLDG 3A ARROYO Date(s) debt was incurred ____ Last 4 digits of account number <u>0446</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$115.52</u>
3.20	Nonpriority creditor's name and mailing address ADELAURA ALICEA PO Box 66 Arroyo, PR 00714-0066 Date(s) debt was incurred ____ Last 4 digits of account number <u>7041</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,566.68</u>
3.21	Nonpriority creditor's name and mailing address ADELAURA ALICEA MELENDEZ PO Box 66 Arroyo, PR 00714-0066 Date(s) debt was incurred ____ Last 4 digits of account number <u>0403</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,058.19</u>
3.22	Nonpriority creditor's name and mailing address ADMINISTRADOR ASUME ADMINISTRADOR ASUME PO Box 71442 San Juan, PR 00936-8542 Date(s) debt was incurred ____ Last 4 digits of account number <u>0228</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$138.46</u>
3.23	Nonpriority creditor's name and mailing address ADVANCED OFFICE ELECTRONICS ADVANCED OFFICE ELECTRONICS PO Box 4410 Carolina, PR 00984-4410 Date(s) debt was incurred ____ Last 4 digits of account number <u>0464</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,629.78</u>
3.24	Nonpriority creditor's name and mailing address AIDA MARTIS BUZON 7350 HC 764 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.25	Nonpriority creditor's name and mailing address ALADDIN TEMP-RITE, P.R INC ALADDIN TEMP-RITE, P.R INC PO Box 19411 San Juan, PR 00910-1411 Date(s) debt was incurred ____ Last 4 digits of account number <u>0021</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,421.52</u>

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3.26	Nonpriority creditor's name and mailing address ALEJANDRO RUIZ GUZMAN URB. VILLA EL ENCANTO CALLE 1 G-24 JUANA JUANA DIAZ, PR 00795 Date(s) debt was incurred _____ Last 4 digits of account number <u>5106</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address ALEXANDRA PAGAN RODRIGUEZ PO Box 1100 Patillas, PR 00723-1100 Date(s) debt was incurred _____ Last 4 digits of account number <u>6165</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address ALEXIS J REYES DIAZ JARD. ARROYO ST Y BI 9, ARROYO, PR 00714 PR 00714 Date(s) debt was incurred _____ Last 4 digits of account number <u>4811</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address ALEXIS J. ORTIZ BURGOS HC 4 BUZON 5932 COAMO, PR 00769 Date(s) debt was incurred _____ Last 4 digits of account number <u>3443</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$360.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address ALEXIS ROMAN HC 63 BUZON 3201 PATILLAS, PR 00723 Date(s) debt was incurred _____ Last 4 digits of account number <u>0582</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address ALMA R RODRIGUEZ BO.PITAHAYA SECTOR LAS 25, ARRIBA BUZON Date(s) debt was incurred _____ Last 4 digits of account number <u>1603</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	Nonpriority creditor's name and mailing address ALPHABIOMEDICAL, INC ALPHA BIOMEDICAL, INC PO Box 670 Caguas, PR 00726-0670 Date(s) debt was incurred _____ Last 4 digits of account number <u>0019</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$27,562.68</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address AMN BUSINESS FORMS AMN BUSINESS FORMS PO Box 334411 Ponce, PR 00733-4411 Date(s) debt was incurred ____ Last 4 digits of account number <u>0065</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$250.04</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address ANA M. CENTENO DE LEON URB EXT VALLES DE ARROYO CALLE S #3 ARRO Date(s) debt was incurred ____ Last 4 digits of account number <u>9655</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address ANDREA ILDEFONSO RODRIGUEZ BOX 347 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>0307</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address ANGEL ALICEA DE LEON URB. CARIOCA CALLE 3,#25 GUAYAMA, PR 007 Date(s) debt was incurred ____ Last 4 digits of account number <u>8519</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address ANGEL MILIAN SALCEDO HC 63 BOX 3099 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>7034</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address ANGEL SANTIAGO CALLE LEOPOLDO CEPEDA 440 COQUI AGUIRRE, Date(s) debt was incurred ____ Last 4 digits of account number <u>0383</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address ANGIE M. GOMEZ SANCHEZ BO. OLIMPO CALLE I-17 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>9339</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.40	Nonpriority creditor's name and mailing address ANNIBELLE SUAREZ URB.HACIENDA CONCORDIA 11230 CALLE ROSA, Date(s) debt was incurred ____ Last 4 digits of account number <u>6748</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.41	Nonpriority creditor's name and mailing address ANTHONY AGOSTO PO Box 3145 Guayama, PR 00785-3145 Date(s) debt was incurred ____ Last 4 digits of account number <u>9800</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42	Nonpriority creditor's name and mailing address AQUA CLEAN SHIPS CARIBE, INC. AQUA CLEAN SHIPS CARIBE, INC. PO Box 16634 San Juan, PR 00908-6634 Date(s) debt was incurred ____ Last 4 digits of account number <u>0860</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$6,536.21</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address ARACELIS VAZQUEZ GARCIA Urb. Estancias Las Trinitarias II AA-3 A Date(s) debt was incurred ____ Last 4 digits of account number <u>3770</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address ARAMARK UNIFORM SERVICES, INC ARAMARK UNIFORM SERVICES, INC PO Box 2850 Carolina, PR 00984-2850 Date(s) debt was incurred ____ Last 4 digits of account number <u>6168</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$8,385.52</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	Nonpriority creditor's name and mailing address ASOCIACION DE HOSPITALES VILLA NEVAREZ PROF. BLDG STE 101 CENTRO COMERCIAL VILLA San Juan, PR 00927 Date(s) debt was incurred ____ Last 4 digits of account number <u>0033</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$13,730.60</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address AT & T AT & T PO Box 15067 San Juan, PR 00902-8567 Date(s) debt was incurred ____ Last 4 digits of account number <u>6178</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,010.04</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.47	Nonpriority creditor's name and mailing address AT&T MOBILITY AT&T MOBILITY PO Box 70261 San Juan, PR 00936-8261 Date(s) debt was incurred ____ Last 4 digits of account number <u>1284</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,836.77</u>
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3.48	Nonpriority creditor's name and mailing address ATLANTIS CONSULTING GROUP ATLANTIS CONSULTING GROUP PO Box 9755 Carolina, PR 00988-9755 Date(s) debt was incurred ____ Last 4 digits of account number <u>0830</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$52,000.00</u>
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3.49	Nonpriority creditor's name and mailing address AUREA LEBRON SOTO AUREA LEBRON SOTO C25 URB VISTAMAR Guayama, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>5147</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,000.00</u>
<hr/>			
3.50	Nonpriority creditor's name and mailing address AUTORIDAD ENERGIA ELECTRICA AUTORIDAD ENERGIA ELECTRICA # CTA 216214 PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred ____ Last 4 digits of account number <u>1261</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,887.37</u>
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3.51	Nonpriority creditor's name and mailing address AUTORIDAD ENERGIA ELECTRICA AUTORIDAD ENERGIA ELECTRICA #CTA 2162141 PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred ____ Last 4 digits of account number <u>1262</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,910,466.31</u>
<hr/>			
3.52	Nonpriority creditor's name and mailing address AUTORIDAD ENERGIA ELECTRICA AUTORIDAD ENERGIA ELECTRICA #CTA 2948041 PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred ____ Last 4 digits of account number <u>1263</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,510,424.11</u>
<hr/>			
3.53	Nonpriority creditor's name and mailing address AUTORIDAD ENERGIA ELECTRICA AUTORIDAD ENERGIA ELECTRICA #CTA 9372141 PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred ____ Last 4 digits of account number <u>6073</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$92,471.29</u>

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3.54 Nonpriority creditor's name and mailing address AUTORIDAD ENERGIA ELECTRICA AUTORIDAD ENERGIA ELECTRICA #CTA 9372141 PO Box 363508 San Juan, PR 00936-3508 Date(s) debt was incurred ____ Last 4 digits of account number 6074	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64,544.02
3.55 Nonpriority creditor's name and mailing address AXISCARE AXISCARE Pepsi Ind Pk, KM19 PR # 2 Toa Baja, PR 00949 Date(s) debt was incurred ____ Last 4 digits of account number 0885	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,737.23
3.56 Nonpriority creditor's name and mailing address BALLESTER HERMANOS,INC BALLESTER HERMANOS,INC CALLE B LOTE 24 URB INDUSTRIAL REPARADA Ponce, PR 00732 Date(s) debt was incurred ____ Last 4 digits of account number 0389	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,029.26
3.57 Nonpriority creditor's name and mailing address BANCODE SANGRE DE SERVICIOS BANCO DE SANGRE DE SERVICIOS MUTUOS, INC 37 AVE PONCE DE LEON # 662 SAN JUAN, PR 00918 Date(s) debt was incurred ____ Last 4 digits of account number 6329	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,155.00
3.58 Nonpriority creditor's name and mailing address BAXALTA BAXALTA PO Box 70314 San Juan, PR 00936-8314 Date(s) debt was incurred ____ Last 4 digits of account number 6318	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,320.00
3.59 Nonpriority creditor's name and mailing address BAXTERSALES CORP BAXTER SALES CORP PO BOX 36-70280 San Juan, PR 00936-4707 Date(s) debt was incurred ____ Last 4 digits of account number 0042	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132,965.84
3.60 Nonpriority creditor's name and mailing address BEATRIZ SOTO SANTA TERESA #5 ARROYO, PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number 9547	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00

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3.61	Nonpriority creditor's name and mailing address BECKMAN COULTER PR, INC. BECKMAN COULTER PR, INC. PO Box 742075 Atlanta, GA 30374-2075 Date(s) debt was incurred _____ Last 4 digits of account number <u>0633</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$18,218.54</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address BERENICE DE JESUS ALVARADO BERENICE DE JESUS ALVARADO Suite 053 PO Box 3000 Coamo, PR 00769-6000 Date(s) debt was incurred _____ Last 4 digits of account number <u>0307</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$985.97</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address BERENICE DE JESUS ALVARADO PO Box 3000 Coamo, PR 00769-6000 Date(s) debt was incurred _____ Last 4 digits of account number <u>1731</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,963.84</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address BEST FIRE TECH CORP. BEST FIRE TECH CORP. PO Box 190502 San Juan, PR 00919-0502 Date(s) debt was incurred _____ Last 4 digits of account number <u>0843</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$2,333.88</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	Nonpriority creditor's name and mailing address BETTY BERNIER COLON APARTADO 8414 GUAYAMA, PR 00784 Date(s) debt was incurred _____ Last 4 digits of account number <u>2166</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address BIOLABCOMPANY BIOLAB COMPANY PO Box 2006 Bayamon, PR 00960-2006 Date(s) debt was incurred _____ Last 4 digits of account number <u>0047</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,598.50</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address BMET BMET PO Box 10088 Ponce, PR 00732-0088 Date(s) debt was incurred _____ Last 4 digits of account number <u>1235</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$7,095.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.68	Nonpriority creditor's name and mailing address BNG COMMUNICATION BNG COMMUNICATION HC 1 Box 7286 Salinas, PR 00751-9800 Date(s) debt was incurred ____ Last 4 digits of account number <u>0075</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$2,060.50</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69	Nonpriority creditor's name and mailing address BORSCHOW HOSPITAL & MEDICAL SU BORINQUEN HOSP. EQUIPMENT R-15-49 CALLE 31 TURABO GDNS Caguas, PR 00725 Date(s) debt was incurred ____ Last 4 digits of account number <u>0310</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$29,079.39</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address BORSCHOW HOSPITAL ACC 4120 BORSCHOW HOSPITAL ACC 4120 PO Box 366211 San Juan, PR 00936-6211 Date(s) debt was incurred ____ Last 4 digits of account number <u>0511</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$137,974.81</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	Nonpriority creditor's name and mailing address BOSTONSCIENTIFIC BOSTON SCIENTIFIC 1730 AMARILLO ST STE 310 San Juan, PR 00926 Date(s) debt was incurred ____ Last 4 digits of account number <u>0004</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$4,042.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address BRENDA L ORTIZ MALDONADO BO. PALO SECO, MAUNABO, PR 00707 Date(s) debt was incurred ____ Last 4 digits of account number <u>8679</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73	Nonpriority creditor's name and mailing address BRENDA L. MARTINEZ FERNANDEZ URB ALBORADA PARK #49 SANTA ISABEL, PR 0 Date(s) debt was incurred ____ Last 4 digits of account number <u>4701</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address BUSINESS SOUND & MUSIC BUSINESS SOUND & MUSIC PMB 134 HC 1 Box 29030 Caguas, PR 00725-8900 Date(s) debt was incurred ____ Last 4 digits of account number <u>0473</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$67.60</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<div>3.75</div> <div>Nonpriority creditor's name and mailing address BUSINESS TELE-COMMUNICATIONS BUSINESS TELE-COMMUNICATIONS PO Box 16635 San Juan, PR 00908-6635 Date(s) debt was incurred ____ Last 4 digits of account number <u>0472</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$3,944.00</u></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: ____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.76</div> <div>Nonpriority creditor's name and mailing address BVR AMBULANCE BEST CARE BVR AMBULANCE BEST CARE INC. Suite 273 PO Box 71325 San Juan, PR 00936-8425 Date(s) debt was incurred ____ Last 4 digits of account number <u>6320</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$29,579.25</u></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: ____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.77</div> <div>Nonpriority creditor's name and mailing address CIRACET CIRACET PO Box 8970 Ponce, PR 00732-8970 Date(s) debt was incurred ____ Last 4 digits of account number <u>0765</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$13,190.50</u></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: ____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.78</div> <div>Nonpriority creditor's name and mailing address COVIDIEN COVIDIENG. PO Box 71416 San Juan, PR 00936-8516 Date(s) debt was incurred ____ Last 4 digits of account number <u>0168</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$53,784.49</u></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: ____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.79</div> <div>Nonpriority creditor's name and mailing address Cadillac Uniform & Linen Suppl Cadillac Uniform & Linen Suppl # 221 Laurel Ave Bayamon, PR 00959-1908 Date(s) debt was incurred ____ Last 4 digits of account number <u>0043</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$63,602.36</u></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: ____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.80</div> <div>Nonpriority creditor's name and mailing address CARDINAL HEALTH P.R, INC CARDINAL HEALTH P.R, INC PO Box 70220 San Juan, PR 00936-7220 Date(s) debt was incurred ____ Last 4 digits of account number <u>0085</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$47,933.76</u></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: ____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.81</div> <div>Nonpriority creditor's name and mailing address CARIBERX SERVICE, INC. CARIBE RX SERVICE, INC. PO Box 7514 Ponce, PR 00732-7514 Date(s) debt was incurred ____ Last 4 digits of account number <u>1298</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,784.64</u></div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: ____</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>

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3.82	Nonpriority creditor's name and mailing address CARIDAD ANAYA URB. VILLA UNIVERSITARIA CALLE LAFAYETTE Date(s) debt was incurred ____ Last 4 digits of account number <u>5254</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17.80</u>
3.83	Nonpriority creditor's name and mailing address CARLA C. VALLE SOTO URB.VILLAS DEL COQUI CALLE VIRGILIO DAVI Date(s) debt was incurred ____ Last 4 digits of account number <u>1996</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.84	Nonpriority creditor's name and mailing address CARLOS D COLLAZO PEREZ URB. PRADERAS DEL SUR, CALLE CEDRO #83, Date(s) debt was incurred ____ Last 4 digits of account number <u>9019</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.85	Nonpriority creditor's name and mailing address CARLOS D. AQUILES HC 02 BOX 7616 SALINAS, PR 00751 Date(s) debt was incurred ____ Last 4 digits of account number <u>0319</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$450.00</u>
3.86	Nonpriority creditor's name and mailing address CARLOS LUIS ORTIZ JR Urb. Alta Vista T 33 CALLE 24, Ponce, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>5236</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.87	Nonpriority creditor's name and mailing address CARLOS M. RODRIGUEZ BO. OLIMPO CALLE C #472 GUAYAMA, PR 0078 Date(s) debt was incurred ____ Last 4 digits of account number <u>8684</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.88	Nonpriority creditor's name and mailing address CARLOS WESTERBAND HC 764 BOX 6838 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>9580</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

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Name		
3.89	Nonpriority creditor's name and mailing address CARLOSMOLIERI CARLOS MOLIERI 654 Ave Munoz Rivera Ste 2101 San Juan, PR 00918-4143 Date(s) debt was incurred ____ Last 4 digits of account number <u>5955</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$2,250.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.90	Nonpriority creditor's name and mailing address CARMEN CORA BO.OLIMPO,CALLE 8 #362, GUAYAMA, PR 0078 Date(s) debt was incurred ____ Last 4 digits of account number <u>0369</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.91	Nonpriority creditor's name and mailing address CARMEN J. RIVERA PARCELAS VIEJAS # 88 BO. COQUI AGUIRRE, Date(s) debt was incurred ____ Last 4 digits of account number <u>6225</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.92	Nonpriority creditor's name and mailing address CARMEN L. MARTINEZ ALTURA DE OLIMPO CALLE ZUMBADOR # 528 GU Date(s) debt was incurred ____ Last 4 digits of account number <u>2022</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93	Nonpriority creditor's name and mailing address CARMEN L. VEGA URB. BELLO HORIZONTE F 15 CALLE 4 GUAYAM Date(s) debt was incurred ____ Last 4 digits of account number <u>4504</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	Nonpriority creditor's name and mailing address CARMEN M. RODRIGUEZ CARMEN M. RODRIGUEZ BO. MAMEY HC 65 Box 6056 Patillas, PR 00723-9324 Date(s) debt was incurred ____ Last 4 digits of account number <u>0002</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$277.05</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address CARMEN MARTINEZ Date(s) debt was incurred ____ Last 4 digits of account number <u>0703</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$246.43</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<div>3.96</div> <div>Nonpriority creditor's name and mailing address</div> <div>CARMEN R. ACEVEDO URB. LA HACIENDA C 47 AW 20, GUAYAMA, PR</div> <div>Date(s) debt was incurred <u> </u></div> <div>Last 4 digits of account number <u>6991</u></div>	<div>As of the petition filing date, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u> </u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$1.00</u></div>
<hr/>		
<div>3.97</div> <div>Nonpriority creditor's name and mailing address</div> <div>CARMEN RODRIGUEZ HC 65 BUZON 6056 PATILLAS, PR 00723</div> <div>Date(s) debt was incurred <u> </u></div> <div>Last 4 digits of account number <u>6425</u></div>	<div>As of the petition filing date, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u> </u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$1.00</u></div>
<hr/>		
<div>3.98</div> <div>Nonpriority creditor's name and mailing address</div> <div>CARMEN T. ORTIZ BONILLA PO Box 14 Aibonito, PR 00705-0014</div> <div>Date(s) debt was incurred <u> </u></div> <div>Last 4 digits of account number <u>4057</u></div>	<div>As of the petition filing date, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u> </u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$150.00</u></div>
<hr/>		
<div>3.99</div> <div>Nonpriority creditor's name and mailing address</div> <div>CARMEN TORRES LOMAS DEL VIENTO 182 CALLE RETIRO GUAYAMA</div> <div>Date(s) debt was incurred <u> </u></div> <div>Last 4 digits of account number <u>9721</u></div>	<div>As of the petition filing date, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u> </u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$1.00</u></div>
<hr/>		
<div>3.100</div> <div>Nonpriority creditor's name and mailing address</div> <div>CATHERINE LOPEZ DE JESUS Calle General Cordero I-10 Guayama, PR 0</div> <div>Date(s) debt was incurred <u> </u></div> <div>Last 4 digits of account number <u>8131</u></div>	<div>As of the petition filing date, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u> </u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$1.00</u></div>
<hr/>		
<div>3.101</div> <div>Nonpriority creditor's name and mailing address</div> <div>CECILIA RODRIGUEZ COSME PO Box 2036 Guayama, PR 00785-2036</div> <div>Date(s) debt was incurred <u> </u></div> <div>Last 4 digits of account number <u>1645</u></div>	<div>As of the petition filing date, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u> </u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$1.00</u></div>
<hr/>		
<div>3.102</div> <div>Nonpriority creditor's name and mailing address</div> <div>CESAR CASTILLO INC. CESAR CASTILLO INC. PO Box 191149 San Juan, PR 00919-1149</div> <div>Date(s) debt was incurred <u> </u></div> <div>Last 4 digits of account number <u>0064</u></div>	<div>As of the petition filing date, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Basis for the claim: <u> </u></div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div><u>\$6,634.80</u></div>

Debtor <u>Clinica Santa Rosa de Guayama</u>		Case number (if known) <u>2:16-bk-9033</u>
Name		
3.103	Nonpriority creditor's name and mailing address CHANGEHEALTHCARE CHANGE HEALTHCARE PO Box 572490 Murray, UT 84157-2490 Date(s) debt was incurred ____ Last 4 digits of account number <u>1256</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$25.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	Nonpriority creditor's name and mailing address CHRISTIAN RODRIGUEZ URB. VIVES, 59 CALLE B, GUAYAMA, PR 0078 Date(s) debt was incurred ____ Last 4 digits of account number <u>2052</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address CINTRON DIESEL CINTRON DIESEL PO Box 996 Guayama, PR 00785-0996 Date(s) debt was incurred ____ Last 4 digits of account number <u>1283</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,202.40</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address CLARYBETSY TAPIA SANTIAGO CALLE RODRIGUEZ HIDALGO #3 COAMO, PR 007 Date(s) debt was incurred ____ Last 4 digits of account number <u>5978</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	Nonpriority creditor's name and mailing address COLEGIO DE TECNOLOGOS MEDICOS F1 Ave San Patricio Guaynabo, PR 00968-3205 Date(s) debt was incurred ____ Last 4 digits of account number <u>0120</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$722.49</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	Nonpriority creditor's name and mailing address CONTACT SECURITY, INC. Date(s) debt was incurred ____ Last 4 digits of account number <u>6317</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$35,928.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	Nonpriority creditor's name and mailing address CPS PUERTO RICO, INC CPS PUERTO RICO, INC 6409 N Quail Hollow Rd Memphis, TN 38120-1414 Date(s) debt was incurred ____ Last 4 digits of account number <u>6002</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$540,248.45</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <u>Clinica Santa Rosa de Guayama</u>		Case number (if known) <u>2:16-bk-9033</u>
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3.110	Nonpriority creditor's name and mailing address CRISITINA R. BELEN FERRER Calle Principal #78, Aguirre, PR 00704 Date(s) debt was incurred ____ Last 4 digits of account number <u>9206</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.111	Nonpriority creditor's name and mailing address CRISTINA DROZ VELEZ BO. GUAMANI SEC. CULEBRA, 3 CARR 747 KM. Date(s) debt was incurred ____ Last 4 digits of account number <u>4307</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.112	Nonpriority creditor's name and mailing address CRUZ ROJA AMERICANA CRUZ ROJA AMERICANA PO Box 366046 San Juan, PR 00936-6046 Date(s) debt was incurred ____ Last 4 digits of account number <u>0077</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$17,289.72</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.113	Nonpriority creditor's name and mailing address CYNTHIA CRUZ MAURAS PO Box 103 Aguirre, PR 00704-0103 Date(s) debt was incurred ____ Last 4 digits of account number <u>5078</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.114	Nonpriority creditor's name and mailing address DAISY GONZALEZ Urb. Estancias 410 Calle Perla Santa Isa Date(s) debt was incurred ____ Last 4 digits of account number <u>3344</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.115	Nonpriority creditor's name and mailing address DALIXIE I.L LABOY CORA DALIXIE I.L LABOY CORA URB BELINDA CALLE 6 G 23 ARROYO, PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number <u>6146</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$830.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.116	Nonpriority creditor's name and mailing address DAMARIS CORA BDA. Marin HC 1 Box 3916 Arroyo, PR 00714-9702 Date(s) debt was incurred ____ Last 4 digits of account number <u>0634</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$256.05</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Name		
3.117	Nonpriority creditor's name and mailing address DAMARIS CORA HC 01 BOX 3916 , BARRIADA MARIN, ARROYO Date(s) debt was incurred ____ Last 4 digits of account number <u>9534</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	Nonpriority creditor's name and mailing address DAMARIS CORA RODRIGUEZ HC 01 BOX 3916 ARROYO, PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number <u>9534</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$300.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address DAMARIS VELAZQUEZ RIVERA BO.APEADERO CARR.757 KM.5.8, PATILLAS, P Date(s) debt was incurred ____ Last 4 digits of account number <u>7380</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	Nonpriority creditor's name and mailing address DANIEL PERALTA EXT. JARDINES DE ARROYO CALLE C # D-17 A Date(s) debt was incurred ____ Last 4 digits of account number <u>4703</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	Nonpriority creditor's name and mailing address DANIEL SANTIAGO CONDOMINIO DARLINGTON Suite 1108 RIO PIEDRAS, PR 00925 Date(s) debt was incurred ____ Last 4 digits of account number <u>1276</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$17,900.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122	Nonpriority creditor's name and mailing address DANNY SANCHEZ Urb. Arroyo Village Calle 2 Casa A-2 Arr Date(s) debt was incurred ____ Last 4 digits of account number <u>9117</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123	Nonpriority creditor's name and mailing address DATA STORAGE CENTERS DATA STORAGE CENTERS PO Box 2358 Toa Baja, PR 00951-2358 Date(s) debt was incurred ____ Last 4 digits of account number <u>5500</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$2,700.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.124	Nonpriority creditor's name and mailing address DEBORAH JOUBERT BO. MOSQUITO CALLE A BUZON 1108 AGUIRRE, Date(s) debt was incurred ____ Last 4 digits of account number <u>6750</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.125	Nonpriority creditor's name and mailing address DEBORAH JOUBERT VAZQUEZ BO. MOSQUITO CALLE A, BUZON 1108, AGUIRRE Date(s) debt was incurred ____ Last 4 digits of account number <u>6750</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.126	Nonpriority creditor's name and mailing address DEG ANESHESIA GROUP, PSC DEG ANESHESIA GROUP, PSC 401A Yauco, PR 00698 Date(s) debt was incurred ____ Last 4 digits of account number <u>0081</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$92,500.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.127	Nonpriority creditor's name and mailing address DELIA I. MORALES VAZQUEZ BO. CORAZON CALLE DEL CARMEN NO 48-25 GU Date(s) debt was incurred ____ Last 4 digits of account number <u>8402</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$64.98</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.128	Nonpriority creditor's name and mailing address DELIA MORALES Date(s) debt was incurred ____ Last 4 digits of account number <u>0373</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$60.01</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.129	Nonpriority creditor's name and mailing address DELMA COLON CALLE ARIZONA #2 CASA #50 ARROYO, PR 007 Date(s) debt was incurred ____ Last 4 digits of account number <u>0738</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.130	Nonpriority creditor's name and mailing address DELTA DENTAL OF PUERTO RICO, I DELTA DENTAL OF PUERTO RICO, I 14 Calle 2 Ste 200 Guaynabo, PR 00968-1735 Date(s) debt was incurred ____ Last 4 digits of account number <u>0561</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$676.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Name

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3.131	Nonpriority creditor's name and mailing address DEYA ELEVATOR INC. DEYA ELEVATOR INC. PO Box 362411 San Juan, PR 00936-2411 Date(s) debt was incurred ____ Last 4 digits of account number 0051	As of the petition filing date, the claim is: Check all that apply. \$5,200.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132	Nonpriority creditor's name and mailing address DIAGNOSTICS IMAGING SUPPLIES DIAGNOSTICS IMAGING SUPPLIES PO Box 11923 San Juan, PR 00922-1923 Date(s) debt was incurred ____ Last 4 digits of account number 0563	As of the petition filing date, the claim is: Check all that apply. \$804.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133	Nonpriority creditor's name and mailing address DIANA CINTRON SOTO HC 763 BUZON 3354 CALLE CORAL B 3 URB VILLAS DE PATILLAS PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number 5520	As of the petition filing date, the claim is: Check all that apply. \$106.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134	Nonpriority creditor's name and mailing address DIANA CINTRON SOTO HC 763 BUZON 3354 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number 5832	As of the petition filing date, the claim is: Check all that apply. \$115.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135	Nonpriority creditor's name and mailing address DIANA E LUNA POVENTUD BO. OLIMPO 130, CALLE 5, GUAYAMA, PR 007 Date(s) debt was incurred ____ Last 4 digits of account number 8918	As of the petition filing date, the claim is: Check all that apply. \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.136	Nonpriority creditor's name and mailing address DIANE M FLORES HACIENDA LOS RECREOS, CALLE ALEGRIA H-2, Date(s) debt was incurred ____ Last 4 digits of account number 4132	As of the petition filing date, the claim is: Check all that apply. \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.137	Nonpriority creditor's name and mailing address DORIS VAZQUEZ GONZALEZ RR 1 BOX 6906 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number 9727	As of the petition filing date, the claim is: Check all that apply. \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Name		
3.138	Nonpriority creditor's name and mailing address DR. ADALBERTO MENDOZA VALLEJO Date(s) debt was incurred _____ Last 4 digits of account number <u>0087</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,771.06</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.139	Nonpriority creditor's name and mailing address DR. EDELMIRO CARRILLO DR. EDELMIRO CARRILLO PO Box 256 Adjuntas, PR 00601-0256 Date(s) debt was incurred _____ Last 4 digits of account number <u>5199</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$288.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140	Nonpriority creditor's name and mailing address DR. FRANZ A. HEFFELFINGER DR. FRANZ A. HEFFELFINGER PO Box 6497 Bayamon, PR 00960-5497 Date(s) debt was incurred _____ Last 4 digits of account number <u>5136</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$15,400.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.141	Nonpriority creditor's name and mailing address DR. JUAN N. AULET MORALES DR. JUAN N. AULET MORALES # 8 VIRTUD ST Ponce, PR 00731 Date(s) debt was incurred _____ Last 4 digits of account number <u>5140</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,700.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142	Nonpriority creditor's name and mailing address DR. LUIS MELENDEZ GOMEZ DR. LUIS MELENDEZ GOMEZ # 41 W SAN JOSE ST Guayama, PR 00784 Date(s) debt was incurred _____ Last 4 digits of account number <u>5145</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$288.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143	Nonpriority creditor's name and mailing address DR. MANUEL VIZCARRONDO ACOSTA DR. MANUEL VIZCARRONDO ACOSTA PO Box 2342 Guayama, PR 00785-2342 Date(s) debt was incurred _____ Last 4 digits of account number <u>5146</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$240.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	Nonpriority creditor's name and mailing address DR. PABLO J DE CASTRO DR. PABLO J DE CASTRO URB VALLE VERDE 830 CALLE VER Ponce, PR 00716-3515 Date(s) debt was incurred _____ Last 4 digits of account number <u>5416</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$720.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Name		
3.145	Nonpriority creditor's name and mailing address DR. ROBERTO RODRIGUEZ URB PASEO DEL PARQUE 10 CALLE TIVOLI SAN JUAN, PR 00926 Date(s) debt was incurred _____ Last 4 digits of account number <u>5923</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$14,416.66</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146	Nonpriority creditor's name and mailing address DR. ROLANDO DIAZ DR. ROLANDO DIAZ AVE LAS AMERICAS 2621 URB COSTANCIA Ponce, PR 00717 Date(s) debt was incurred _____ Last 4 digits of account number <u>5340</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$864.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	Nonpriority creditor's name and mailing address DR. WILBERT DEL VALLE RIVERA PARQUE MONTERREY 3 EDIFICIO 170 APT 429 Ponce, PR 00731 Date(s) debt was incurred _____ Last 4 digits of account number <u>5141</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$144.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address DR. RAMON L. RODRIGUEZ FERNANDE DR. RAMON L. RODRIGUEZ FERNANDE PO Box 1006 Santa Isabel, PR 00757-1006 Date(s) debt was incurred _____ Last 4 digits of account number <u>5417</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$240.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	Nonpriority creditor's name and mailing address E C S BIOMEDICAL E C S BIOMEDICAL CALLE ESTACION 1B P M B 4 6 Vega Alta, PR 00692 Date(s) debt was incurred _____ Last 4 digits of account number <u>0808</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$3,963.03</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150	Nonpriority creditor's name and mailing address EBENEZER HOME & GARDEN EBENEZER HOME & GARDEN HC 63 Box 3985 Patillas, PR 00723-9547 Date(s) debt was incurred _____ Last 4 digits of account number <u>6327</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$750.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151	Nonpriority creditor's name and mailing address EBONY WALTERS URB. LAS VIOLETAS #14 PATILLAS, PR 00723 Date(s) debt was incurred _____ Last 4 digits of account number <u>3389</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.152	Nonpriority creditor's name and mailing address EDA MELENDEZ SANTIAGO URB VILLA ROSA II, A -32, GUAYAMA, PR 00 Date(s) debt was incurred ____ Last 4 digits of account number <u>1828</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.153	Nonpriority creditor's name and mailing address EDGAR N. COLON DE JESUS BO. OLIMPO C-3 #732 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>8985</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.154	Nonpriority creditor's name and mailing address EDGARDO MIRANDA PMB 129 PO BOX 10018, GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>6106</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.155	Nonpriority creditor's name and mailing address EDITH M ACOSTA URB. MONTE SORIA II, CALLE ARENA # 31, A Date(s) debt was incurred ____ Last 4 digits of account number <u>6639</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.156	Nonpriority creditor's name and mailing address EDNILYS SOSA RODRIGUEZ URB. LA VEGA CALLE A # 183 Juana Diaz, Date(s) debt was incurred ____ Last 4 digits of account number <u>3475</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.157	Nonpriority creditor's name and mailing address EDRICK POMALES CINTRON PO Box 1078 Guayama, PR 00785-1078 Date(s) debt was incurred ____ Last 4 digits of account number <u>1987</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.158	Nonpriority creditor's name and mailing address EDWARD RAMOS EDWARD RAMOS PO Box 1554 Santa Isabel, PR 00757-1554 Date(s) debt was incurred ____ Last 4 digits of account number <u>0483</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$6,594.25</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.159	Nonpriority creditor's name and mailing address EDWIN DE JESUS RIVERA URB. LOS ALGARROBO ST D F 9 GUAYAMA, PR Date(s) debt was incurred _____ Last 4 digits of account number <u>8065</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.160	Nonpriority creditor's name and mailing address EDWIN O. VAZQUEZ MELENDEZ BO. COQUI CALLE JESUS T. PIÑEIRON #54 AG Date(s) debt was incurred _____ Last 4 digits of account number <u>8166</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.161	Nonpriority creditor's name and mailing address EDWIN RAMOS PENA PO Box 1254 Coamo, PR 00769-1254 Date(s) debt was incurred _____ Last 4 digits of account number <u>9874</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.162	Nonpriority creditor's name and mailing address EDWIN TRICOCHE MARTINEZ HC - 1 BOX 6577 SANTA ISABEL, PR 00757 Date(s) debt was incurred _____ Last 4 digits of account number <u>8042</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.163	Nonpriority creditor's name and mailing address ELENA SANTIAGO ROMERO URB. BELINDA C 6 G 13 ARROYO, PR 00714 Date(s) debt was incurred _____ Last 4 digits of account number <u>6439</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.164	Nonpriority creditor's name and mailing address ELIET ARANA MEDRANO 80 URB PASEO SANTA BARBARA GURABO, PR 00 Date(s) debt was incurred _____ Last 4 digits of account number <u>0162</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.165	Nonpriority creditor's name and mailing address ELIEZER MARTINEZ URB. VILLA UNIVERSITARIA, CALLE 5 CASA A Date(s) debt was incurred _____ Last 4 digits of account number <u>1875</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.166	Nonpriority creditor's name and mailing address ELISANIA RIVERA CAMACHO APT. 432 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>3375</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.167	Nonpriority creditor's name and mailing address ELIZABETH DIAZ VEGA BARRIO JACABOA CARRETERA 758 KM 1.7 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>6095</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$4,100.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address ELIZABETH ORTIZ RODRIGUEZ EXTENSION VALLES DE ARROYO CALLE 15 2-19 Date(s) debt was incurred <u>4866</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.169	Nonpriority creditor's name and mailing address ELLIAN VAZQUEZ BO. PALMAS BAJAS, CALLE 4 #35, GUAYAMA , Date(s) debt was incurred ____ Last 4 digits of account number <u>7236</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170	Nonpriority creditor's name and mailing address ELSA VALENTIN URB. SAN ANTONIO, CALLE 170, ARROYO, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>8133</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.171	Nonpriority creditor's name and mailing address ENEIDA LEBRON FIGUEROA PO Box 1318 Patillas, PR 00723-1318 Date(s) debt was incurred ____ Last 4 digits of account number <u>3087</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.172	Nonpriority creditor's name and mailing address ENID DELGADO URB.QUINTAS DE GUASIMAS C/16 ARROYO, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>0277</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.173 Nonpriority creditor's name and mailing address ENID MIRANDA VALDES APARTADO 758, SALINAS, PR 00751 Date(s) debt was incurred ____ Last 4 digits of account number <u>0219</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.174 Nonpriority creditor's name and mailing address ENRIQUE A. MANFREDY RODRIGUEZ URB.VILLA EL ENCANTO CALLE 6 H-76 JUANA Date(s) debt was incurred ____ Last 4 digits of account number <u>0784</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.175 Nonpriority creditor's name and mailing address ERIC VAZQUEZ BO. GUAMANI CARR 179 KM 2.7 SEC LOS BERN Date(s) debt was incurred ____ Last 4 digits of account number <u>2616</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.176 Nonpriority creditor's name and mailing address ERITZA M. COLON BARBOSA EXTENSION EL TAINO C-15 SANTA ISABEL, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>4068</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,728.00</u>
3.177 Nonpriority creditor's name and mailing address ESSENTIAL PHARMACIST SERVICE, INC. ESSENTIAL PHARMACIST SERVICE, INC. 609 TITO CASTRO AVE STE 102 PONCE, PR 00716 Date(s) debt was incurred ____ Last 4 digits of account number <u>6314</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,174.64</u>
3.178 Nonpriority creditor's name and mailing address EUGENE FIGUEROA GALARZA PO Box 2312 Guayama, PR 00785-2312 Date(s) debt was incurred ____ Last 4 digits of account number <u>8185</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.179 Nonpriority creditor's name and mailing address EVELYN VILLARONGA CAPO G 29 CALLE PACIFICO URB. VILLA MAR GUAYA Date(s) debt was incurred ____ Last 4 digits of account number <u>2338</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

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<small>Name</small>		
3.180	Nonpriority creditor's name and mailing address FACSIMILE PAPER CONNECTION FACSIMILE PAPER CONNECTION PO Box 363122 San Juan, PR 00936-3122 Date(s) debt was incurred _____ Last 4 digits of account number <u>0104</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,728.25</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.181	Nonpriority creditor's name and mailing address FAST PRINT & MARKETING FAST PRINT & MARKETING PO Box 801542 Coto Laurel, PR 00780-1542 Date(s) debt was incurred _____ Last 4 digits of account number <u>0802</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,776.65</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.182	Nonpriority creditor's name and mailing address FDA-MQSA PROGRAM FDA-MQSA PROGRAM PO Box 979109 Saint Louis, MO 63197-9001 Date(s) debt was incurred _____ Last 4 digits of account number <u>5164</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,545.54</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.183	Nonpriority creditor's name and mailing address FELIPE AQUINO PEREZ TREASURE VALLEY CALLE MEXICO A-18 CIDRA, Date(s) debt was incurred _____ Last 4 digits of account number <u>1510</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.184	Nonpriority creditor's name and mailing address FELIX RIVERA RIVERA Bo. Narajo carretera 791 km 2.0 COMERIO, Date(s) debt was incurred _____ Last 4 digits of account number <u>3119</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.185	Nonpriority creditor's name and mailing address FERNANDO ALARCON PO Box 10376 San Juan, PR 00922-0376 Date(s) debt was incurred _____ Last 4 digits of account number <u>3065</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.186	Nonpriority creditor's name and mailing address FILM PRODUCTS SALES & SERVICE FILM PRODUCTS SALES & SERVICE SANTA PAUL 2 B-24 Guaynabo, PR 00969 Date(s) debt was incurred _____ Last 4 digits of account number <u>0320</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,400.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.187	Nonpriority creditor's name and mailing address FIRSTMEDICAL HEALTH PLAN, INC FIRST MEDICAL HEALTH PLAN, INC PO Box 70264 San Juan, PR 00936-8264 Date(s) debt was incurred ____ Last 4 digits of account number <u>0108</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$185,103.57</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.188	Nonpriority creditor's name and mailing address FRANCISCA VARGAS COLON URB.EL TORITO CALLE-4 F-8, CAYEY, PR 007 Date(s) debt was incurred ____ Last 4 digits of account number <u>6717</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.189	Nonpriority creditor's name and mailing address FRANCISCO PEREZ HERNANDEZ PO Box 304 Arroyo, PR 00714-0304 Date(s) debt was incurred ____ Last 4 digits of account number <u>3136</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.190	Nonpriority creditor's name and mailing address FRESENIUS MEDICAL CARE FRESENIUS MEDICAL CARE PO Box 195198 San Juan, PR 00919-5198 Date(s) debt was incurred ____ Last 4 digits of account number <u>0049</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$33,540.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.191	Nonpriority creditor's name and mailing address GABRIEL RODRIGUEZ VEGA URB.VALLS DE ARROYO #52, ARROYO, PR 00 Date(s) debt was incurred ____ Last 4 digits of account number <u>2590</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.192	Nonpriority creditor's name and mailing address GALARZA AIR CONDITIONER GALARZA AIR CONDITIONER VILLA ROSA 3 BLOQUE A # 21 Guayama, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>0122</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$7,293.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.193	Nonpriority creditor's name and mailing address GASPAR SOLIVAN DUPREY HC-02 BOX 4019 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>6948</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.194	Nonpriority creditor's name and mailing address GENERAL IMAGING SERVICES GENERAL IMAGING SERVICES PO BOX 2522 CAYEY, PR 00737 Date(s) debt was incurred ____ Last 4 digits of account number <u>6344</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,175.00</u>
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3.195	Nonpriority creditor's name and mailing address GERARDO G. DIAZ SOTO BOX 813, GUAYAMA, PR 00785 Date(s) debt was incurred ____ Last 4 digits of account number <u>9509</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<hr/>			
3.196	Nonpriority creditor's name and mailing address GIL N LUGO GARCIA URB.COSTA AZUL CALLE 10, CASA F-18, GUA Date(s) debt was incurred ____ Last 4 digits of account number <u>2735</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
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3.197	Nonpriority creditor's name and mailing address GILBERTO RIVERA MATEO URB. VILLA MADRID, CALLE 15 W-1, COAMO, Date(s) debt was incurred ____ Last 4 digits of account number <u>7476</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<hr/>			
3.198	Nonpriority creditor's name and mailing address GIS PARTNERS CORPORATION GIS PARTNERS CORPORATION PO Box 801522 Coto Laurel, PR 00780-1522 Date(s) debt was incurred ____ Last 4 digits of account number <u>6316</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,100.00</u>
<hr/>			
3.199	Nonpriority creditor's name and mailing address GISELLE RIVERA CARRION HC 763 BUZON 3358, BO. CACAO ALTO, PATIL Date(s) debt was incurred ____ Last 4 digits of account number <u>6787</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<hr/>			
3.200	Nonpriority creditor's name and mailing address GLENDA RAMOS COLON PO Box 10007 Guayama, PR 00785-4007 Date(s) debt was incurred ____ Last 4 digits of account number <u>3079</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

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3.201	Nonpriority creditor's name and mailing address GLORIA DIAZ VILA 30-3 A VILLAS DEL SENORIAL, SAN JUAN, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>3354</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.202	Nonpriority creditor's name and mailing address GLORIA GARAY PO Box 341 Salinas, PR 00751-0341 Date(s) debt was incurred ____ Last 4 digits of account number <u>3552</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.203	Nonpriority creditor's name and mailing address GLORIA RIVERA LABOY HC 764 BUZON 6247 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>1051</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.204	Nonpriority creditor's name and mailing address GLORIE M. COLLAZO ORTIZ PO Box 2791 Guayama, PR 00785-2791 Date(s) debt was incurred ____ Last 4 digits of account number <u>4298</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.205	Nonpriority creditor's name and mailing address GLORIVEE ARROYO MEDINA BDA BLONDET CALLE D 206 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>5873</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$445.37</u>
3.206	Nonpriority creditor's name and mailing address GLORIVEE ARROYO MEDINA BDA. BLONDET CALLE D #206 GUAYAMA, PR 00 Date(s) debt was incurred ____ Last 4 digits of account number <u>2932</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$346.20</u>
3.207	Nonpriority creditor's name and mailing address GRACE M. FAJARDO GRACE M. FAJARDO PO Box 1028 Arroyo, PR 00714-1028 Date(s) debt was incurred ____ Last 4 digits of account number <u>6117</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$537.85</u>

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3.208	Nonpriority creditor's name and mailing address GRACE M. FAJARDO PO Box 1028 Arroyo, PR 00714-1028 Date(s) debt was incurred ____ Last 4 digits of account number 4610	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,136.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.209	Nonpriority creditor's name and mailing address GRUPO PROFESIONAL SOLUCIONES GRUPO PROFESIONAL SOLUCIONES PO Box 366004 San Juan, PR 00936-6004 Date(s) debt was incurred ____ Last 4 digits of account number 6080	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55,100.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.210	Nonpriority creditor's name and mailing address HARRY MERCADO BARRIADA SANTA ANA CALLE A, BUZON 26 APA Date(s) debt was incurred ____ Last 4 digits of account number 1856	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.211	Nonpriority creditor's name and mailing address HECTOR C. BUITRAGO PO Box 3060 Guayama, PR 00785-3060 Date(s) debt was incurred ____ Last 4 digits of account number 3784	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.212	Nonpriority creditor's name and mailing address HECTOR J. MIRANDA URB. REXMANOR CALLE 3 A 13 GUAYAMA, PR 0 Date(s) debt was incurred ____ Last 4 digits of account number 3752	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.213	Nonpriority creditor's name and mailing address HELVETIA DEL CARIBE HELVETIA DEL CARIBE PO Box 4849 Carolina, PR 00984-4849 Date(s) debt was incurred ____ Last 4 digits of account number 0856	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,976.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.214	Nonpriority creditor's name and mailing address HERMED PAGAN VEGA BARRIO PROVIDENCIA, CALLE CEREZO APARTAD Date(s) debt was incurred ____ Last 4 digits of account number 6651	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		

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3.215	Nonpriority creditor's name and mailing address HERNAN HERNANDEZ DIAZ PO Box 2183 Guayama, PR 00785-2183 Date(s) debt was incurred ____ Last 4 digits of account number <u>2132</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.216	Nonpriority creditor's name and mailing address HILARY RIVERA TORRES URB. LA RIVERA CASA D3 CALLE S ARROYO, P Date(s) debt was incurred ____ Last 4 digits of account number <u>9910</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.217	Nonpriority creditor's name and mailing address HILDALIZ DIAZ PO Box 880 Patillas, PR 00723-0880 Date(s) debt was incurred ____ Last 4 digits of account number <u>8277</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.218	Nonpriority creditor's name and mailing address HOME ORTHOPEDICS,CORP. HOME ORTHOPEDICS,CORP. 202 BLDG URB TRES MONJITAS FEDERICO ST San Juan, PR 00918 Date(s) debt was incurred ____ Last 4 digits of account number <u>0827</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,929.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.219	Nonpriority creditor's name and mailing address HOSP.EPISCOPAL SAN LUCAS Date(s) debt was incurred ____ Last 4 digits of account number <u>0331</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$143,068.15</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.220	Nonpriority creditor's name and mailing address HOSP.METROPOLITANO DR. PILA HOSP. METROPOLITANO DR. PILA 2435 Blvd Luis A Ferre Ponce, PR 00717-2112 Date(s) debt was incurred ____ Last 4 digits of account number <u>6333</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$708.86</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.221	Nonpriority creditor's name and mailing address HOSPITAL EPISCOPAL SAN LUCAS Date(s) debt was incurred ____ Last 4 digits of account number <u>0130</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$899.88</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.222	Nonpriority creditor's name and mailing address HOSPITAL LAFAYETTE HOSPITAL LAFAYETTE 753 KM 0.1 BOX 207 Arroyo, PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number <u>1308</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$539.00</u>
3.223	Nonpriority creditor's name and mailing address ICSael RODRIGUEZ TORRES BO CORAZON CALLE ALMENDRO #888 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>5443</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,663.00</u>
3.224	Nonpriority creditor's name and mailing address IDA ZOE RODRIGUEZ URB.VALLS DE GUAYAMA CALLE 23 XX -10. G Date(s) debt was incurred ____ Last 4 digits of account number <u>5754</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.225	Nonpriority creditor's name and mailing address IDALISE M. RODRIGUEZ RR1 BOX 6268 GUAYAMA, PR 00785 Date(s) debt was incurred ____ Last 4 digits of account number <u>7068</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.226	Nonpriority creditor's name and mailing address IDALYS M. VIROLA IDALYS M. VIROLA PO Box 605 Arroyo, PR 00714-0605 Date(s) debt was incurred ____ Last 4 digits of account number <u>6122</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,577.26</u>
3.227	Nonpriority creditor's name and mailing address IDALYS M. VIROLA PO Box 605 Arroyo, PR 00714-0605 Date(s) debt was incurred ____ Last 4 digits of account number <u>1388</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,163.20</u>
3.228	Nonpriority creditor's name and mailing address IDENTECH IDENTECH 100 PASEOS GRAN BLVD BOX 112-275 San Juan, PR 00926-5955 Date(s) debt was incurred ____ Last 4 digits of account number <u>5300</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,413.30</u>

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3.229	Nonpriority creditor's name and mailing address ILEANA DIAZ VILLEGAS URB PORTALES DE JACABOA C-10 PO BOX 812 PATILLAS, PR 00723 Date(s) debt was incurred _____ Last 4 digits of account number 5537	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.07
3.230	Nonpriority creditor's name and mailing address ILEANA DIAZ VILLEGAS PO Box 812 Patillas, PR 00723-0812 Date(s) debt was incurred _____ Last 4 digits of account number 8091	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$178.75
3.231	Nonpriority creditor's name and mailing address ImageDirect-IDESS, Inc Image Direct-IDESS, Inc 200 RAFAEL CORDERO SUITE 140 Box 458 Caguas, PR 00725 Date(s) debt was incurred _____ Last 4 digits of account number 6126	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,933.35
3.232	Nonpriority creditor's name and mailing address IMMUNO REFERENCE LAB IMMUNO REFERENCE LAB 426 CALLE AGUEYBANA URB EL VEDADO SAN JUAN, PR 00918 Date(s) debt was incurred _____ Last 4 digits of account number 6330	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,214.00
3.233	Nonpriority creditor's name and mailing address IMPLANTES Y SISTEMAS MEDICOS IMPLANTES Y SISTEMAS MEDICOS 1 SUITE 80 METRO OFFICE PARK LOT 6 Guaynabo, PR 00968 Date(s) debt was incurred _____ Last 4 digits of account number 0423	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,982.01
3.234	Nonpriority creditor's name and mailing address IMPRENTA CARIMAD IMPRENTA CARIMAD 50 Calle Celis Aguilera Santa Isabel, PR 00757-2520 Date(s) debt was incurred _____ Last 4 digits of account number 0105	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.53
3.235	Nonpriority creditor's name and mailing address IMPRENTA PAGAN IMPRENTA PAGAN PO Box 148 Guayama, PR 00785-0148 Date(s) debt was incurred _____ Last 4 digits of account number 0135	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,550.11

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3.236	Nonpriority creditor's name and mailing address INDERLYNE NIEVES QUINTERO PMB 60 PO Box 10018 Guayama, PR 00785-4018 Date(s) debt was incurred ____ Last 4 digits of account number <u>0332</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$775.46</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.237	Nonpriority creditor's name and mailing address INDERLYNE NIEVES QUINTERO PMB 60 PO Box 10018 Guayama, PR 00785-4018 Date(s) debt was incurred ____ Last 4 digits of account number <u>4227</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$908.57</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.238	Nonpriority creditor's name and mailing address INTELLIGENT SECURITY AND FIRE Date(s) debt was incurred ____ Last 4 digits of account number <u>1264</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$2,769.93</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.239	Nonpriority creditor's name and mailing address IRIS N. CARRION URB APONTE CALLE E C 2 06 CAYEY, PR 00736 Date(s) debt was incurred ____ Last 4 digits of account number <u>5874</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$778.39</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.240	Nonpriority creditor's name and mailing address IRIS N. CARRION ALICEA URB. APONTE CALLE E C 2 06 CAYEY, PR 007 Date(s) debt was incurred ____ Last 4 digits of account number <u>1284</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,381.60</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.241	Nonpriority creditor's name and mailing address IRIS O. DIAZ ALEJANDRO URB. JARDINES DE GUAMANI CALLE8, I-13 GU Date(s) debt was incurred ____ Last 4 digits of account number <u>4980</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.242	Nonpriority creditor's name and mailing address IRIS PABON LAGO URB. LOURDES 867, MARGINAL, TRUJILLO ALT Date(s) debt was incurred ____ Last 4 digits of account number <u>9985</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.243	Nonpriority creditor's name and mailing address IRMA L. REYES VELEZ HC 764 BUZON 7888 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>2934</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.244	Nonpriority creditor's name and mailing address IRMA M. RIVERA HERNANDEZ COM LAS 500TAS CALLE DIAMANTE NUM 67 ARR Date(s) debt was incurred ____ Last 4 digits of account number <u>3634</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.245	Nonpriority creditor's name and mailing address IRMA N. MARTINEZ PO Box 453 Aguirre, PR 00704-0453 Date(s) debt was incurred ____ Last 4 digits of account number <u>2152</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.246	Nonpriority creditor's name and mailing address ISRAEL PEREZ SANTIAGO HC 1 Box 5971 Barranquitas, PR 00794-9419 Date(s) debt was incurred ____ Last 4 digits of account number <u>8544</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$300.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.247	Nonpriority creditor's name and mailing address ISRAELNIEVES DE JESUS A26 CALLE C URB LA MARGARITA Salinas, PR 00751 Date(s) debt was incurred ____ Last 4 digits of account number <u>5437</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$6,587.50</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.248	Nonpriority creditor's name and mailing address JACKELYN GARCIA VAZQUEZ HC 63 BUZON 3272 PATILLAS, PR 00723 PR 00723-9801 Date(s) debt was incurred ____ Last 4 digits of account number <u>0340</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.249	Nonpriority creditor's name and mailing address JAHAIRA RAMOS B3 URB BELINDA CLL # 5 ARROYO, PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number <u>6335</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$138.52</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.250	Nonpriority creditor's name and mailing address JAHAIIRA RAMOS URB. BELINDA CALLE #5 B-3 ARROYO, PR 007 Date(s) debt was incurred ____ Last 4 digits of account number <u>9920</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$150.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.251	Nonpriority creditor's name and mailing address JAHAIIRA TAINA SANTOS URB.BELLO HORIZONTE, CALLE 4 H-7, GUYAMA Date(s) debt was incurred ____ Last 4 digits of account number <u>9946</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.252	Nonpriority creditor's name and mailing address JAILENE DE JESUS COSME B12 CALLE 12 URB COSTA AZUL GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>6186</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$2,169.12</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.253	Nonpriority creditor's name and mailing address JAILENE DE JESUS COSME URB. COSTA AZUL CALLE 12 B-12 GUAYAMA, P Date(s) debt was incurred ____ Last 4 digits of account number <u>0160</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$3,696.64</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.254	Nonpriority creditor's name and mailing address JAVIER DIAZ ORTIZ BO. BAJOS BUZON 6876 PATILLAS, P;R 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>1357</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.255	Nonpriority creditor's name and mailing address JAVIER RIVERA GARCIA PO Box 1497 Arroyo, PR 00714-1497 Date(s) debt was incurred ____ Last 4 digits of account number <u>8038</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.256	Nonpriority creditor's name and mailing address JAZEIL VARGAS HERNANDEZ URB HACIENDA LOS RECREOS C/GRACIA F5 GUA Date(s) debt was incurred ____ Last 4 digits of account number <u>3750</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$0.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.257	Nonpriority creditor's name and mailing address JEANETTE RIVERA HC 764 BOX 7022, BO. BAJOS, PATILLAS, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>8009</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.258	Nonpriority creditor's name and mailing address JENNIFER M BRITO LABOY PO Box 530 Maunabo, PR 00707-0530 Date(s) debt was incurred ____ Last 4 digits of account number <u>0380</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.259	Nonpriority creditor's name and mailing address JENNIFER NAVAS ROSADO 21 CALLE Z URB JARDINES DE ARROYO Arroyo, PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number <u>6107</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,577.55</u>
3.260	Nonpriority creditor's name and mailing address JENNIFER NAVAS ROSADO URB. JARDINES DE ARROYO CALLE Z #21 ARRO Date(s) debt was incurred ____ Last 4 digits of account number <u>4042</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,003.52</u>
3.261	Nonpriority creditor's name and mailing address JESSICA EMANEULLI ALVAREZ URB.VALLE DEL PARAISO C-8, COAMO, PR 007 Date(s) debt was incurred ____ Last 4 digits of account number <u>2569</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.262	Nonpriority creditor's name and mailing address JIMENEZ, GRAFFAM & LAUSELL PO Box 366104 San Juan, PR 00936-6104 Date(s) debt was incurred ____ Last 4 digits of account number <u>0170</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$38,866.22</u>
3.263	Nonpriority creditor's name and mailing address JIMMY AMARO MALDONADO PO Box 843 Maunabo, PR 00707-0843 Date(s) debt was incurred ____ Last 4 digits of account number <u>8097</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

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3.264	Nonpriority creditor's name and mailing address JOAN M. MATEO HC 01 BOX 5262, BO. OLLAS CALLE 14 #588, Date(s) debt was incurred ____ Last 4 digits of account number <u>9456</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.265	Nonpriority creditor's name and mailing address JOANN GONZALEZ FIGUEROA PARCELAS JAUCA CASA 191, CALLE 1, SANTA Date(s) debt was incurred ____ Last 4 digits of account number <u>0980</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.266	Nonpriority creditor's name and mailing address JOANNA I CARTAGENA VAZQUEZ BO. CORAZON CALLE CAPA, #952 ESTE, GUAYA Date(s) debt was incurred ____ Last 4 digits of account number <u>0527</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.267	Nonpriority creditor's name and mailing address JOEDLEEN GONZALEZ DIAZ HC 3 Box 18147 Coamo, PR 00769-9823 Date(s) debt was incurred ____ Last 4 digits of account number <u>0160</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.268	Nonpriority creditor's name and mailing address JOEL GUZMAN CARABALLO URB BRISAS DEL MAR CALLE 5 H -13 ARROYO, Date(s) debt was incurred ____ Last 4 digits of account number <u>1916</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.269	Nonpriority creditor's name and mailing address JOHANNA E. SOTO MUNOZ BO.LOS POLLOS, LAS PARCELAS, NUEVAS CALL Date(s) debt was incurred ____ Last 4 digits of account number <u>7589</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.270	Nonpriority creditor's name and mailing address JOHNSON & JOHNSON PO Box 70304 San Juan, PR 00936-8304 Date(s) debt was incurred ____ Last 4 digits of account number <u>0148</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$40,110.32</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.271	Nonpriority creditor's name and mailing address JOHNY MELENDEZ VALLES DE GUAYAMA CALLE 18 Z-5 GUAYAMA, Date(s) debt was incurred ____ Last 4 digits of account number <u>9584</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.272	Nonpriority creditor's name and mailing address JOM SECURITY SERVICES, INC. PO Box 507 Guayama, PR 00785-0507 Date(s) debt was incurred ____ Last 4 digits of account number <u>0402</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$97,130.90</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.273	Nonpriority creditor's name and mailing address JOMARIE LIZ FIGUEROA RODRIGUEZ URB. BRISAS DE LA ESMERALDA, CALLE FLAMB Date(s) debt was incurred ____ Last 4 digits of account number <u>1857</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.274	Nonpriority creditor's name and mailing address JONATHAN MARRERO BO JAUCA CALLE #492 SANTA ISABEL, PR 00757 Date(s) debt was incurred ____ Last 4 digits of account number <u>6120</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,027.26</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.275	Nonpriority creditor's name and mailing address JONATHAN MARRERO BO. JAUCA CALLE #492 SANTA ISABEL, PR 00 Date(s) debt was incurred ____ Last 4 digits of account number <u>9508</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,858.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.276	Nonpriority creditor's name and mailing address JONATHAN SANTIAGO MORALES PO Box 42 Arroyo, PR 00714-0042 Date(s) debt was incurred ____ Last 4 digits of account number <u>2768</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$720.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.277	Nonpriority creditor's name and mailing address JORGE CINTRON LEON CALLE 3 E 1, JARDINES DE GUAMANI, GUAYAM Date(s) debt was incurred ____ Last 4 digits of account number <u>0293</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.278	Nonpriority creditor's name and mailing address JORGE JOSE SIMONETTY URB LA MARGARITA, CALLE C A 24, SALINAS, Date(s) debt was incurred ____ Last 4 digits of account number <u>6925</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.279	Nonpriority creditor's name and mailing address JORGE L VAZQUEZ RIVERA URB.VISTA DEL SOL, CALLE #1 A-24, GUAYAM Date(s) debt was incurred ____ Last 4 digits of account number <u>0558</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.280	Nonpriority creditor's name and mailing address JORGE P. SALA CONDOMINIO SAN VICENTE 8169 CALLE CONCORDIA SUITE 102 PONCE, PR 00717-1556 Date(s) debt was incurred ____ Last 4 digits of account number <u>6053</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$7,304.15</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.281	Nonpriority creditor's name and mailing address JORGE RODRIGUEZ GONZALEZ CALLE MEDITACION 125 SUR LOMA DEL VIENTO Date(s) debt was incurred ____ Last 4 digits of account number <u>9272</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.282	Nonpriority creditor's name and mailing address JOSE A. LEBRON URB. VIVES 273 CALLE H GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>5691</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.283	Nonpriority creditor's name and mailing address JOSE A. PENA HC 1 Box 4924 Juana Diaz, PR 00795-9709 Date(s) debt was incurred ____ Last 4 digits of account number <u>1349</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.284	Nonpriority creditor's name and mailing address JOSE CINTRON Date(s) debt was incurred ____ Last 4 digits of account number <u>6189</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$384.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.285	Nonpriority creditor's name and mailing address JOSE E. FIGUEROA URB CARIOCA 61 CALLE 5 SUR GUAYAMA, PR00 Date(s) debt was incurred ____ Last 4 digits of account number <u>8007</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.286	Nonpriority creditor's name and mailing address JOSE I. SANCHEZ CALLE 5 DE OCTUBRE # 11 SANTA ISABEL, PR 00757 Date(s) debt was incurred ____ Last 4 digits of account number <u>5875</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$189.72</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.287	Nonpriority creditor's name and mailing address JOSE I. SANCHEZ CALLE 5 DE OCTUBRE #11 SANTA ISABEL, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>9141</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$222.30</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.288	Nonpriority creditor's name and mailing address JOSE L. ORTEGA EXT LA CARMEN CALLE ANTONIO RIVERA LEDEE Date(s) debt was incurred ____ Last 4 digits of account number <u>1042</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.289	Nonpriority creditor's name and mailing address JOSE L. SANTIAGO DIAZ PO Box 598 BOX 598 Guayama, PR 00785-0598 Date(s) debt was incurred ____ Last 4 digits of account number <u>0426</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.290	Nonpriority creditor's name and mailing address JOSE M. BERRIOS BERMUDEZ URB BRISAS DEL MAR CALLE ABRAHAM BUZON 1 Date(s) debt was incurred ____ Last 4 digits of account number <u>9787</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.291	Nonpriority creditor's name and mailing address JOSE SANTIAGO, INC. MARGINAL, CARR #PR 5, KM 4.4 URB INDUSTRIAL LUCHETTI BAYAMON, PR 00959 Date(s) debt was incurred ____ Last 4 digits of account number <u>0819</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$615.84</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.292	Nonpriority creditor's name and mailing address JOSSIE DE LEON PO Box 1357 Santa Isabel, PR 00757-1357 Date(s) debt was incurred ____ Last 4 digits of account number <u>8489</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$5,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.293	Nonpriority creditor's name and mailing address JOSSIE DE LEON PO Box 1357 Santa Isabel, PR 00757-1357 Date(s) debt was incurred ____ Last 4 digits of account number <u>6321</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$3,200.62</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.294	Nonpriority creditor's name and mailing address JUAN D. MATEO RUIZ Ext. Coqui G-95 Calle 8 Int. Aguirre, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>9105</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.295	Nonpriority creditor's name and mailing address JUAN RIVERA HC73 BOX 5893, CAYEY, PR 00736 Date(s) debt was incurred ____ Last 4 digits of account number <u>3604</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.296	Nonpriority creditor's name and mailing address JUANITA RIVERA ORTIZ HC 763 BOX 3614, PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>1374</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.297	Nonpriority creditor's name and mailing address JUANITA TORRES NIEVES HC 763 BUZON 3458 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>3234</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.298	Nonpriority creditor's name and mailing address JUDITH PABON RODRIGUEZ URB COSTA AZUL CALLE 23 M 10 GUAYAMA, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>2652</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Name		
3.299	Nonpriority creditor's name and mailing address JULIA I. SANTIAGO VAZQUEZ URB.CIUDAD UNIVERSITARIA CALLE GAVIOTA J Date(s) debt was incurred ____ Last 4 digits of account number <u>9480</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.300	Nonpriority creditor's name and mailing address JUMARY VALENTIN MONTESORIA I CALLE COFRESI, BUZON 182, A Date(s) debt was incurred ____ Last 4 digits of account number <u>0701</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.301	Nonpriority creditor's name and mailing address KAREN J. GRACIANI SERRANO URBANIZACION SAN ANTONIO CALLE I E -81 A Date(s) debt was incurred ____ Last 4 digits of account number <u>7950</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.302	Nonpriority creditor's name and mailing address KARITZA SERRANO PO Box 704 Juana Diaz, PR 00795-0704 Date(s) debt was incurred ____ Last 4 digits of account number <u>6130</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$244.73</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.303	Nonpriority creditor's name and mailing address KARITZA SERRANO MARTINEZ PO Box 704 Juana Diaz, PR 00795-0704 Date(s) debt was incurred ____ Last 4 digits of account number <u>8607</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$265.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.304	Nonpriority creditor's name and mailing address KARMEN YESSSENIA MARTINEZ AMARO URB BELINDA CALLE 1, B 15, ARROYO, PR 00 Date(s) debt was incurred ____ Last 4 digits of account number <u>4920</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.305	Nonpriority creditor's name and mailing address KEISHLA DIAZ LOPEZ URB. VISTA DEL SOL CALLE 7, CASA G-6, GU Date(s) debt was incurred ____ Last 4 digits of account number <u>7389</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<small>Name</small>		
3.308	Nonpriority creditor's name and mailing address KENIA VEGA #29 Calle Luis Muñoz Rivera Cidra, PR 00 Date(s) debt was incurred ____ Last 4 digits of account number <u>9282</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.307	Nonpriority creditor's name and mailing address KEVIN I. SOTO MARTINEZ URB. LAS DELICIAS CALLE HERMINIA TORMES Date(s) debt was incurred ____ Last 4 digits of account number <u>9116</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$180.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.308	Nonpriority creditor's name and mailing address L & PM, INC. F16 AZULES DEL MAR DORADO DEL MAR Dorado, PR 00646 Date(s) debt was incurred ____ Last 4 digits of account number <u>0816</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,276.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.309	Nonpriority creditor's name and mailing address LABORATORIO CLINICO TOLEDO 280 MONTERREY URB IND REPARADA Box 7004 PONCE, PR 00732-7004 Date(s) debt was incurred ____ Last 4 digits of account number <u>1274</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$11,926.95</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.310	Nonpriority creditor's name and mailing address Lcda Marie Carmen Muntaner PO Box 7441 Caguas, PR 00726-7441 Date(s) debt was incurred ____ Last 4 digits of account number <u>6060</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$7,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.311	Nonpriority creditor's name and mailing address LCDO.JOSE M. COLON PEREZ PALMER #42 NORTE PO Box 960 Guayama, PR 00785-0960 Date(s) debt was incurred ____ Last 4 digits of account number <u>0463</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,930.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.312	Nonpriority creditor's name and mailing address LEBRON MEDICAL CARE, INC. PO Box 1204 Arroyo, PR 00714-1204 Date(s) debt was incurred ____ Last 4 digits of account number <u>0705</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$5,720.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Name		
3.313	Nonpriority creditor's name and mailing address LEIDA VELAZQUEZ PO Box 319 Aguirre, PR 00704-0319 Date(s) debt was incurred ____ Last 4 digits of account number <u>6492</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.314	Nonpriority creditor's name and mailing address LEMAIDA BARBOSA TORRES HC 2 Box 5113 Guayama, PR 00784-7795 Date(s) debt was incurred ____ Last 4 digits of account number <u>2064</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.315	Nonpriority creditor's name and mailing address LEONOR COLOMBA URB. JARDINES DE LA REINA 98 CALLE ASTER Date(s) debt was incurred ____ Last 4 digits of account number <u>9392</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.316	Nonpriority creditor's name and mailing address LESLIE B. RODRIGUEZ MORENO URB. COSTA AZUL CALLE 24 0-2 GUAYAMA, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>9101</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.317	Nonpriority creditor's name and mailing address LESLIE B. RODRIGUEZ MORENO URB. COSTA AZUL CALLE 24 0-2 GUAYAMA, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>9101</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.318	Nonpriority creditor's name and mailing address LESLIE ROSADO SUAREZ URB.PASEO COSTA DEL SUR #270, AGUIRRE, P Date(s) debt was incurred ____ Last 4 digits of account number <u>5382</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.319	Nonpriority creditor's name and mailing address LESLIE VEGA ALICEA URB.BRISAS DEL MAR CALLE 5, F-23 ARROYO, Date(s) debt was incurred ____ Last 4 digits of account number <u>1090</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Name		
3.320	Nonpriority creditor's name and mailing address LEYDAORTA ALBINO CONDOMINIO VILLA CAPARRA APT 7D EXECUTIVE GUAYNABO, PR 00966 Date(s) debt was incurred _____ Last 4 digits of account number <u>6192</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$3,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.321	Nonpriority creditor's name and mailing address LIGHT GAS CORPORATION LIGHT GAS CORPORATION PO Box 1155 Salinas, PR 00751-1155 Date(s) debt was incurred _____ Last 4 digits of account number <u>0162</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$409.75</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.322	Nonpriority creditor's name and mailing address LILIAM RODRIGUEZ Villas de Santa Juanita Calle 2 D-4 Baya Date(s) debt was incurred _____ Last 4 digits of account number <u>3237</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.323	Nonpriority creditor's name and mailing address LILLIAN GONZALEZ COLON CALLE LOS MILLONARIOS, HC 1 Box 4943 Arroyo, PR 00714-9787 Date(s) debt was incurred _____ Last 4 digits of account number <u>1170</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.324	Nonpriority creditor's name and mailing address LIMAY INC. PO Box 1228 Patillas, PR 00723-1228 Date(s) debt was incurred _____ Last 4 digits of account number <u>1508</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$2,710.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.325	Nonpriority creditor's name and mailing address LINDA ROSARIO BO CORAZON CALLE SANTO TOMAS 116 4 GUAYAMA, PR 00784 Date(s) debt was incurred _____ Last 4 digits of account number <u>5521</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$240.04</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.326	Nonpriority creditor's name and mailing address LINDA ROSARIO MARTINEZ BO. CORAZON CALLE SANTO TOMAS 116 4 GUAY Date(s) debt was incurred _____ Last 4 digits of account number <u>6212</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$375.44</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Name		
3.327	Nonpriority creditor's name and mailing address LISBETH VILLEGAS MATOS EXT. JARDINES DE ARROYO, I-20, ARROYO, P Date(s) debt was incurred ____ Last 4 digits of account number <u>4761</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.328	Nonpriority creditor's name and mailing address LIZA M TOLEDO VEGUILLA Urb. Costa Real A-15 Calle 2, Guayama, P Date(s) debt was incurred ____ Last 4 digits of account number <u>9782</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.329	Nonpriority creditor's name and mailing address LOREN A COLON DE JESUS URB JARDINES DEL MAMEY, A-2 CALLE 1, PAT Date(s) debt was incurred ____ Last 4 digits of account number <u>0098</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.330	Nonpriority creditor's name and mailing address LUIS A RODRIGUEZ GOMEZ URB.EL DORADO CALLE 5-B 22, GUAYAMA, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>7785</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.331	Nonpriority creditor's name and mailing address LUIS A. GOMEZ SANCHEZ PO Box 31254 San Juan, PR 00929-2254 Date(s) debt was incurred ____ Last 4 digits of account number <u>8939</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.332	Nonpriority creditor's name and mailing address LUIS A. GONZALEZ EXT VALLES DE ARROYO Q-9 CALLE # 13 ARRO Date(s) debt was incurred ____ Last 4 digits of account number <u>4250</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.333	Nonpriority creditor's name and mailing address LUIS A. RODRIGUEZ LASANTA BO. OLIMPO CALLE 9-359 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>2951</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<u>Clinica Santa Rosa de Guayama</u>	Case number (if known)	<u>2:16-bk-9033</u>
Name			
3.334	Nonpriority creditor's name and mailing address LUIS D SEMIDEY ACABEO BO BAJOS, SECTOR LAMBOGLIA, PATILLAS, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>7829</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.335	Nonpriority creditor's name and mailing address LUIS E LOPEZ GONZALEZ URB. JARDINES DE GUAMANI, CALLE 5 I-3, Date(s) debt was incurred ____ Last 4 digits of account number <u>7858</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.336	Nonpriority creditor's name and mailing address LUIS E. BERRIOS URB. VALLE ESCONDIDO CALLE RUBIAL BUZON Date(s) debt was incurred ____ Last 4 digits of account number <u>0831</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.337	Nonpriority creditor's name and mailing address LUIS GARRATON PO Box 362984 San Juan, PR 00936-2984 Date(s) debt was incurred ____ Last 4 digits of account number <u>1509</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$577.53</u>
3.338	Nonpriority creditor's name and mailing address LUIS GONZALEZ RIVERA EXT. VALLES DE ARROYO Q-9 CALLE #13 ARROY Date(s) debt was incurred ____ Last 4 digits of account number <u>0478</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.339	Nonpriority creditor's name and mailing address LUIS J. GONZALEZ GARAU PO Box 1831 Box 1831 Guayama, PR 00785-1831 Date(s) debt was incurred ____ Last 4 digits of account number <u>8983</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.340	Nonpriority creditor's name and mailing address LUIS O. VAZQUEZ RODRIGUEZ BO CAIMITAL ALTO BUZON 6923 GUAYAMA, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>7272</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

Debtor Name	Case number (if known)	
Clinica Santa Rosa de Guayama	2:16-bk-9033	
3.341 Nonpriority creditor's name and mailing address LUZ G. RAMOS CANDELARIO PO Box 2127 Guayama, PR 00785-2127 Date(s) debt was incurred ____ Last 4 digits of account number <u>3363</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.342 Nonpriority creditor's name and mailing address LUZ M. COLON BONILLA URB. BRISAS DE LA ESMERALDA NO.83 PATILL Date(s) debt was incurred ____ Last 4 digits of account number <u>0533</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.343 Nonpriority creditor's name and mailing address LUZ M. CRUZ BO. PLAYITA VILLA SOL #64 SALINAS, PR 00 Date(s) debt was incurred ____ Last 4 digits of account number <u>4188</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.344 Nonpriority creditor's name and mailing address LUZ M. FIGUEROA BERNIER PO Box 1341 Guayama, PR 00785-1341 Date(s) debt was incurred ____ Last 4 digits of account number <u>8348</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.345 Nonpriority creditor's name and mailing address LUZ R. CADIZ GARCIA HC 64 BUZON 8344 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>8932</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.346 Nonpriority creditor's name and mailing address LUZ S. BERMUDEZ BONES PMB 97 PO Box 10018 Guayama, PR 00785-4018 Date(s) debt was incurred ____ Last 4 digits of account number <u>8854</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.347 Nonpriority creditor's name and mailing address LYMARI RIVERA VIROLA Urb. Valle de la Providencia, Calle 5 H- Date(s) debt was incurred ____ Last 4 digits of account number <u>4144</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00

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Name		
3.348	Nonpriority creditor's name and mailing address LYMARIE COLON PEREZ URB. VALLES DE GUAYAMA CALLE 10 H8 GUAYA Date(s) debt was incurred ____ Last 4 digits of account number <u>2473</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.349	Nonpriority creditor's name and mailing address LYMARIS V. COLON URB JARDINES DE ARROYO CALLE Z AL -42 AR Date(s) debt was incurred ____ Last 4 digits of account number <u>7951</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.350	Nonpriority creditor's name and mailing address MALLINCKRODT CARIBBEAN, INC. PO Box 70289 San Juan, PR 00936-8289 Date(s) debt was incurred ____ Last 4 digits of account number <u>0814</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$19,177.66</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.351	Nonpriority creditor's name and mailing address MARCELINO FERNANDEZ LOPEZ Bo. Palma Sector Acueducto casa #577 ARR Date(s) debt was incurred ____ Last 4 digits of account number <u>3862</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.352	Nonpriority creditor's name and mailing address MARGIE VALENTIN MONTESONA II CASA B-12 AGUIRRE, PR 00704 Date(s) debt was incurred ____ Last 4 digits of account number <u>9768</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.353	Nonpriority creditor's name and mailing address MARIA D. MARRERO RODRIGUEZ PO Box 1232 Santa Isabel, PR 00757-1232 Date(s) debt was incurred ____ Last 4 digits of account number <u>6900</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.354	Nonpriority creditor's name and mailing address MARIA D. MORERA VELAZQUEZ PARCELAS VIEJAS #62 BO. COQUI AGUIRRE, P Date(s) debt was incurred ____ Last 4 digits of account number <u>7987</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<div>3.355</div> <div>Nonpriority creditor's name and mailing address MARIA D. ORTIZ DE JESUS HC 64 BUZON 7941 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>5378</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.356</div> <div>Nonpriority creditor's name and mailing address MARIA DEL R MARRERO PO Box 1232 Santa Isabel, PR 00757-1232 Date(s) debt was incurred ____ Last 4 digits of account number <u>6900</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.357</div> <div>Nonpriority creditor's name and mailing address MARIA M. LABOY REYES URB. EL PARAISO CALLE 1 CASA 1 BUZON 1 P Date(s) debt was incurred ____ Last 4 digits of account number <u>5981</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.358</div> <div>Nonpriority creditor's name and mailing address MARIA MELENDEZ BERMUDEZ VALLES DE GUAYAMA, CALLE 10 S 1, Guayama Date(s) debt was incurred ____ Last 4 digits of account number <u>4276</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.359</div> <div>Nonpriority creditor's name and mailing address MARIA NOGUERAS HC 763 BUZON 3294 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>1711</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.360</div> <div>Nonpriority creditor's name and mailing address MARIA PICART RES. LUIS PALES MATOS, APARTAMENTO 227, Date(s) debt was incurred ____ Last 4 digits of account number <u>1327</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>
<div>3.361</div> <div>Nonpriority creditor's name and mailing address MARIA VELEZ ALOMAR PO Box 2701 BOX 2701 Guayama, PR 00785-2701 Date(s) debt was incurred ____ Last 4 digits of account number <u>9723</u></div>	<div>As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>

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3.362	Nonpriority creditor's name and mailing address MARIAN R. PIZARRO BO.PALMAS PASTOR CARR 3 KM 126 HM 6 ARRO Date(s) debt was incurred ____ Last 4 digits of account number <u>7487</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.363	Nonpriority creditor's name and mailing address MARIANNE RAMOS SANTIAGO BO. PALMAS HC1 3126 ARROYO, PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number <u>1123</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.364	Nonpriority creditor's name and mailing address Maribel Alicea URB EL PALMAR CASA B 8 , ARROYO PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number <u>8420</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.365	Nonpriority creditor's name and mailing address MARIBEL ESCALANTE PO Box 1176 Patillas, PR 00723-1176 Date(s) debt was incurred ____ Last 4 digits of account number <u>9727</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.366	Nonpriority creditor's name and mailing address MARIBEL LASANTA BO OLIMPO CALLE C NO 492 GUAYAMA, PR 007 Date(s) debt was incurred ____ Last 4 digits of account number <u>1966</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.367	Nonpriority creditor's name and mailing address MARIBEL MERCADO CALLE LUIS LLORENS TORRES, #361 COCO NUE Date(s) debt was incurred ____ Last 4 digits of account number <u>2243</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.368	Nonpriority creditor's name and mailing address MARIBEL ORTIZ BO OLIMPO CALLE 1 #63 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>0470</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$2,240.61</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.369	Nonpriority creditor's name and mailing address MARIBEL ORTIZ BO OLIMPO CALLE 1 # 63 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>7421</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.370	Nonpriority creditor's name and mailing address MARIBEL ORTIZ TORRES BO OLIMPO CALLE 1 # 63 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>7951</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$3,564.40</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.371	Nonpriority creditor's name and mailing address MARIEL RAMOS RIVERA HC 764 BOX 8542, BO. GUARDARRAYA, PATILL Date(s) debt was incurred ____ Last 4 digits of account number <u>4913</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.372	Nonpriority creditor's name and mailing address MARILYN MONTANEZ MATOS HC 01 BOX 3525 CASA 408, BO. PALMAS PARC Date(s) debt was incurred ____ Last 4 digits of account number <u>3298</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.373	Nonpriority creditor's name and mailing address MARILYN MORALES BAEZ COMUNIDAD SAN FELIPE CALLE ARIZONA 5 CAS Date(s) debt was incurred ____ Last 4 digits of account number <u>1392</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.374	Nonpriority creditor's name and mailing address MARILYN ROMAN RIVERA HC 63 Box 3723 Patillas, PR 00723-9521 Date(s) debt was incurred ____ Last 4 digits of account number <u>0807</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.375	Nonpriority creditor's name and mailing address MARISELY ORTIZ MENDEZ URB LA HACIENDA CALLE 42 AJ 14 GUAYAMA, Date(s) debt was incurred ____ Last 4 digits of account number <u>5192</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.376	Nonpriority creditor's name and mailing address MARISOL ALVARADO URB LA ARBOLEDA 2 CALLE ROBLES COAMO, PR 00769 Date(s) debt was incurred _____ Last 4 digits of account number <u>5258</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$300.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.377	Nonpriority creditor's name and mailing address MARISOL MARTINEZ CAMINO SAN MARTIN BUZON 23 PUERTO JOBOS, Date(s) debt was incurred _____ Last 4 digits of account number <u>3285</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.378	Nonpriority creditor's name and mailing address MARISOL NIEVES BO MARIN ALTO BUZON 4241 PATILLAS, PR 00 Date(s) debt was incurred _____ Last 4 digits of account number <u>4666</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.379	Nonpriority creditor's name and mailing address MARITZA ACEVEDO RUIZ URB. CHALET'S BRISAS DEL MAR A9 CALLE VEL Date(s) debt was incurred _____ Last 4 digits of account number <u>8631</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.380	Nonpriority creditor's name and mailing address MARITZA PADIN VAZQUEZ Bo. Corazon, 25 calle Candelario GAYAMA, Date(s) debt was incurred _____ Last 4 digits of account number <u>9342</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.381	Nonpriority creditor's name and mailing address MARLYN DIAZ MARTINEZ APT 1468 BO. PALMAS ARROYO, PR 00714 Date(s) debt was incurred _____ Last 4 digits of account number <u>8232</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.382	Nonpriority creditor's name and mailing address MARTA CRUZ QUINONES URB PRADERAS DEL SUR, CALLE CEDRO #99, S Date(s) debt was incurred _____ Last 4 digits of account number <u>3308</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.383 Nonpriority creditor's name and mailing address MARTA DE JESUS DAVID JARDINES DE GUAMANI CALLE 15 D-34 GUAYAM Date(s) debt was incurred _____ Last 4 digits of account number <u>0780</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.384 Nonpriority creditor's name and mailing address MARTHON RODRIGUEZ URB. ARBOLEDA CALLE 16 # 157, Salinas, P Date(s) debt was incurred _____ Last 4 digits of account number <u>0333</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.385 Nonpriority creditor's name and mailing address MARY E. SANTIAGO BURGOS URB. VILLA REAL J 2 GUAYAMA, PR 00784 Date(s) debt was incurred _____ Last 4 digits of account number <u>2863</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.386 Nonpriority creditor's name and mailing address MAYRA I CRUZ VELAZQUEZ URB. VALLE TOLIMA O-1, CALLE MILAGROS CA Date(s) debt was incurred _____ Last 4 digits of account number <u>4716</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.387 Nonpriority creditor's name and mailing address MEDITEK SERVICES, INC. CENTRO INTERNACIONAL DE MERCADEO TORRE 1 CARR 165 OFICINA 408 GUAYNABO, PR 00968 Date(s) debt was incurred _____ Last 4 digits of account number <u>0852</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,519.56</u>
3.388 Nonpriority creditor's name and mailing address MEDLATIN GROUP INC. PO Box 51426 Toa Baja, PR 00950-1426 Date(s) debt was incurred _____ Last 4 digits of account number <u>0863</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$149.80</u>
3.389 Nonpriority creditor's name and mailing address MELISSA LOPEZ COLON URB. PASEO COSTA DEL SUR R-19 SALINAS, PR Date(s) debt was incurred _____ Last 4 digits of account number <u>0957</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

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3.390	Nonpriority creditor's name and mailing address MICHELLE COLON MEDINA URB LA HACIENDA CALLE 44 AR 33 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>5999</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,464.94</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.391	Nonpriority creditor's name and mailing address MICHELLE COLON MEDINA URB. LA HACIENDA CALLE 44 AR 33 GUAYAMA, Date(s) debt was incurred ____ Last 4 digits of account number <u>3142</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$2,555.60</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.392	Nonpriority creditor's name and mailing address MICKEY LASSUS 141 A CALLE PRINCIPAL, ARROYO, PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number <u>8601</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.393	Nonpriority creditor's name and mailing address MIGDALIA BURGOS GONZALEZ URB. ALGARROBO CALLE D F-9 GUAYAMA, PR 0 Date(s) debt was incurred ____ Last 4 digits of account number <u>0688</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.394	Nonpriority creditor's name and mailing address MIGUEL A GONZALEZ 8 SEC SUNSET PARK, BO. PALMAS, ARROYO, P Date(s) debt was incurred ____ Last 4 digits of account number <u>9910</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.395	Nonpriority creditor's name and mailing address MIGUEL A GONZALEZ PERALTA PO Box 463 Guayama, PR 00785-0463 Date(s) debt was incurred ____ Last 4 digits of account number <u>0697</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.396	Nonpriority creditor's name and mailing address MIGUEL A. AMARO OQUENDO URB.PROVINCIAS DEL RIO 28 CALLE 1 COAMO, Date(s) debt was incurred ____ Last 4 digits of account number <u>0908</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.397	Nonpriority creditor's name and mailing address MIGUEL A. BOLORIN RIVERA URB. JARDINES DE GUAMANI CALLE 3 D7 GUAY Date(s) debt was incurred ____ Last 4 digits of account number <u>6914</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$600.00</u>
3.398	Nonpriority creditor's name and mailing address MIGUEL A. MERCADO RIVERA HC 2 Box 4117 Guayama, PR 00784-8538 Date(s) debt was incurred ____ Last 4 digits of account number <u>6388</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.399	Nonpriority creditor's name and mailing address MIGUEL ANGEL BOLORIN RIVERA URB. JARDINES DE GUAMANI, CALLE 3 D7, GU Date(s) debt was incurred ____ Last 4 digits of account number <u>6914</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.400	Nonpriority creditor's name and mailing address MIGUEL BOLORIN URB JARDINES DE GUAMANI CALLE 3 D7 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>0173</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$256.04</u>
3.401	Nonpriority creditor's name and mailing address MIGUEL MERCADO RIVERA VILLA DOS RIOS 3126 CALLE PORTUGUEZ PONC Date(s) debt was incurred ____ Last 4 digits of account number <u>0389</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.402	Nonpriority creditor's name and mailing address MIGUELA SAEZ SANTIAGO PO Box 126 Coamo, PR 00769-0126 Date(s) debt was incurred ____ Last 4 digits of account number <u>6338</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$600.00</u>
3.403	Nonpriority creditor's name and mailing address MILAGROS ROCHE CORTES URB. VALLE DE ANDALUCIA C HUELVA #3019 P Date(s) debt was incurred ____ Last 4 digits of account number <u>4940</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

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3.404	Nonpriority creditor's name and mailing address MIRIAM BLONDET VILLA UNIVERSITARIA CALLE ROIG D-65 GUAY Date(s) debt was incurred ____ Last 4 digits of account number <u>6342</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.405	Nonpriority creditor's name and mailing address MONLLOR FLEET SERVICES CARR 3 KM 140.5 SECTOR MELANIA GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>0342</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$641.36</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.406	Nonpriority creditor's name and mailing address MR. INK OF PUERTO RICO PO Box 2003 Caguas, PR 00726-2003 Date(s) debt was incurred ____ Last 4 digits of account number <u>0866</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$3,829.44</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.407	Nonpriority creditor's name and mailing address MYRELIS RODRIGUEZ URB.ALTURAS DEL ALBA CALLE CIELO J-16, V Date(s) debt was incurred ____ Last 4 digits of account number <u>6395</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.408	Nonpriority creditor's name and mailing address MYRIAM ROSA GARCIA URB PARQUE DEL SOL CALLE 1 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>5347</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$298.72</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.409	Nonpriority creditor's name and mailing address MYRIAM V. ROSA GARCIA URB. PARQUE DEL SOL C 10 CALLE 1 PATILLA Date(s) debt was incurred ____ Last 4 digits of account number <u>6102</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$350.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.410	Nonpriority creditor's name and mailing address MYRNA CORTES NIEVES PO Box 1381 BOX 1381 Guayama, PR 00785-1381 Date(s) debt was incurred ____ Last 4 digits of account number <u>0451</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.411	Nonpriority creditor's name and mailing address MYRNA RIVERA PO Box 756 Arroyo, PR 00714-0756 Date(s) debt was incurred _____ Last 4 digits of account number <u>6209</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$467.20</u>
3.412	Nonpriority creditor's name and mailing address NANCY BLAS URB REXMANOR CALLE 4 C7, GUAYAMA, PR 007 Date(s) debt was incurred _____ Last 4 digits of account number <u>6608</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.413	Nonpriority creditor's name and mailing address NANCY MENDEZ URB VILLA SERENA CALLE DANUBE, A 11, SAN Date(s) debt was incurred _____ Last 4 digits of account number <u>1949</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.414	Nonpriority creditor's name and mailing address NANCY SIERRA URB COSTA REAL CALLE 3 B 40, GUAYAMA, PR Date(s) debt was incurred _____ Last 4 digits of account number <u>7820</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.415	Nonpriority creditor's name and mailing address NANNETTE I VEGA CRUZ HC 1 Box 31050 Juana Diaz, PR 00795-9739 Date(s) debt was incurred _____ Last 4 digits of account number <u>7430</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.416	Nonpriority creditor's name and mailing address NASHIRA LUGO GONZALEZ RR1 BUZON 6265, BO BARRANCAS CALLE 4 # 1 Date(s) debt was incurred _____ Last 4 digits of account number <u>1784</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.417	Nonpriority creditor's name and mailing address NATIONAL BUILDING MAINTENANCE 855 AVE HOSTOS PONCE, PR 00716-1105 Date(s) debt was incurred _____ Last 4 digits of account number <u>6071</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$360,272.30</u>

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3.418	Nonpriority creditor's name and mailing address NELLIE D. VEGA CRUZ URB COSTA SUR CALLE 25 S9 GUAYAMA, PR 00 Date(s) debt was incurred ____ Last 4 digits of account number <u>3424</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.419	Nonpriority creditor's name and mailing address NEREIDA RAMOS RUIZ URB. LA HACIENDA CALLE 52 AL 22 GUAYAMA, Date(s) debt was incurred ____ Last 4 digits of account number <u>1089</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.420	Nonpriority creditor's name and mailing address NEYSHA ORTIZ BURGOS URB.VILLA UNIVERSITARIA CALLE LAFAYETTE Date(s) debt was incurred ____ Last 4 digits of account number <u>9139</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.421	Nonpriority creditor's name and mailing address NILSA PEREZ CINTRON BO.GUAMANI LOS ENCHAUTGUI, CARR.179 R-7 Date(s) debt was incurred ____ Last 4 digits of account number <u>9092</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.422	Nonpriority creditor's name and mailing address NIPROMEDICAL OF P.R. INC PO Box 810263 Carolina, PR 00981-0263 Date(s) debt was incurred ____ Last 4 digits of account number <u>0685</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,140.30</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.423	Nonpriority creditor's name and mailing address NOEMI ORTIZ ROMAN HC 1 Box 4003 Salinas, PR 00751-9705 Date(s) debt was incurred ____ Last 4 digits of account number <u>3562</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.424	Nonpriority creditor's name and mailing address NOLIA CAMACHO HC 65 Patillas, PR 00723-9377 Date(s) debt was incurred ____ Last 4 digits of account number <u>7144</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.425	Nonpriority creditor's name and mailing address NORAIIDA RIVERA PO Box 3135 BOX 3135 Guayama, PR 00785-3135 Date(s) debt was incurred ____ Last 4 digits of account number <u>6375</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.426	Nonpriority creditor's name and mailing address NORGIHEILIZ OPPENHEIMER PO BOX 800 COTTO LAUREL, PR 00780 Date(s) debt was incurred ____ Last 4 digits of account number <u>1465</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.427	Nonpriority creditor's name and mailing address NORIMAR CARABALLO Urb.Paseo de Reyes #33, Calle Rey Felipe Date(s) debt was incurred ____ Last 4 digits of account number <u>1746</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.428	Nonpriority creditor's name and mailing address NORMA I. MORALES LEBRON PO Box 522 BOX 522 Patillas, PR 00723-0522 Date(s) debt was incurred ____ Last 4 digits of account number <u>4042</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.429	Nonpriority creditor's name and mailing address NORTOL ENVIRONMENTAL & PO Box 366457 San Juan, PR 00936-6457 Date(s) debt was incurred ____ Last 4 digits of account number <u>0446</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$450.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.430	Nonpriority creditor's name and mailing address NYDIA BURGOS HC 2 Box 4189 Maunabo, PR 00707-9514 Date(s) debt was incurred ____ Last 4 digits of account number <u>1797</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.431	Nonpriority creditor's name and mailing address OLGA I MUNOZ HC 64 BUZON 9237, PATILLAS, PR 00723 PR 00723-9802 Date(s) debt was incurred ____ Last 4 digits of account number <u>7033</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.432	Nonpriority creditor's name and mailing address OLGA V. CINTRON LEBRON APARTADO 1350 BO. PITAHAYA ARROYO, PR 00 Date(s) debt was incurred ____ Last 4 digits of account number <u>4338</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.433	Nonpriority creditor's name and mailing address OLIVER EXTERMINATING PO Box 1264 Caguas, PR 00726-1264 Date(s) debt was incurred ____ Last 4 digits of account number <u>0197</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$338.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.434	Nonpriority creditor's name and mailing address ONELIA FIGUEROA PTE. JOBOS COMUNIDAD MIRAMAR CALLE ORQUI GUAYAMA, PR 00787 Date(s) debt was incurred ____ Last 4 digits of account number <u>5504</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$26.67</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.435	Nonpriority creditor's name and mailing address ONELIA FIGUEROA ORTIZ PTE. JOBOS COMUNIDAD MIRAMAR CALLE ORQUI Date(s) debt was incurred ____ Last 4 digits of account number <u>6480</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$28.88</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.436	Nonpriority creditor's name and mailing address OPTIVON PO Box 11881 San Juan, PR 00922-1881 Date(s) debt was incurred ____ Last 4 digits of account number <u>1265</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$6,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.437	Nonpriority creditor's name and mailing address ORENGO & LUIS MAINTENANCE SUITE 174 PO Box 71325 San Juan, PR 00936-8425 Date(s) debt was incurred ____ Last 4 digits of account number <u>0200</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$4,296.68</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.438	Nonpriority creditor's name and mailing address ORIENTAL BANK PO Box 195115 San Juan, PR 00919-5115 Date(s) debt was incurred ____ Last 4 digits of account number <u>6028</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$15,911.23</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.439 Nonpriority creditor's name and mailing address ORTHO& SURGICAL SOLUTIONS, INC PO Box 11923 San Juan, PR 00922-1923 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$172.00</u>
<hr/>		
3.440 Nonpriority creditor's name and mailing address OSCAR RAMOS URB. VISTA DE ARROYO C/5 CASA G-10 ARROY Date(s) debt was incurred ____ Last 4 digits of account number <u>1119</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<hr/>		
3.441 Nonpriority creditor's name and mailing address OSMARIE MARQUEZ PALOU BO.CARMEN CARR.712 KM.10.4, GUAYAMA, PR Date(s) debt was incurred ____ Last 4 digits of account number <u>3719</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<hr/>		
3.442 Nonpriority creditor's name and mailing address OTO-METRICS PR, INC. PO Box 12248 San Juan, PR 00914-0248 Date(s) debt was incurred ____ Last 4 digits of account number <u>1260</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,140.00</u>
<hr/>		
3.443 Nonpriority creditor's name and mailing address P. R.SOLUTIONS SUPPLY,INC. PO Box 50460 Toa Baja, PR 00950-0460 Date(s) debt was incurred ____ Last 4 digits of account number <u>0766</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$525.00</u>
<hr/>		
3.444 Nonpriority creditor's name and mailing address PCCG,INC./ACTIONRAD SOLUTIONS PO Box 10535 Bradenton, FL 34282-0535 Date(s) debt was incurred ____ Last 4 digits of account number <u>0392</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,800.00</u>
<hr/>		
3.445 Nonpriority creditor's name and mailing address PEDRO AIR CONDITIONING Y/O CARR 3 SECTOR MELANIA KM 140.3 INT FINAL GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>0443</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$80.00</u>

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3.446	Nonpriority creditor's name and mailing address PETER RUTTEL URB.LA HACIENDA CALLE 47 AU-31, GUAYAMA, Date(s) debt was incurred ____ Last 4 digits of account number <u>8446</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.447	Nonpriority creditor's name and mailing address PHASOR ENGINEERING, INC. PO Box 9012 Ponce, PR 00732-9012 Date(s) debt was incurred ____ Last 4 digits of account number <u>0214</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,144.00</u>
3.448	Nonpriority creditor's name and mailing address PHILLIPS MEDICAL SYSTEM P.R INC 200 WINSTON CHURCHILL AVE STE 302 San Juan, PR 00926-6650 Date(s) debt was incurred ____ Last 4 digits of account number <u>0208</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,958.76</u>
3.449	Nonpriority creditor's name and mailing address POSTMASTER Date(s) debt was incurred ____ Last 4 digits of account number <u>0440</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$640.00</u>
3.450	Nonpriority creditor's name and mailing address PRAXAIR PUERTO RICO B.V. PO Box 307 Gurabo, PR 00778-0307 Date(s) debt was incurred ____ Last 4 digits of account number <u>0211</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$78,034.04</u>
3.451	Nonpriority creditor's name and mailing address PREMED,LLC. PO Box 474 Trujillo Alto, PR 00977-0474 Date(s) debt was incurred ____ Last 4 digits of account number <u>0833</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
3.452	Nonpriority creditor's name and mailing address PREMIER ANESTHESIA CONSULTANTS BIEN-TE-VEO 14 URB MONTEHIEDRA SAN JUAN, PR 00926 Date(s) debt was incurred ____ Last 4 digits of account number <u>5410</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$97,350.00</u>

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3.453	Nonpriority creditor's name and mailing address Professional Inventory Special CALLE LA SORBONA 251 UNIVERSITY GARDENS SAN JUAN, PR 00927 Date(s) debt was incurred _____ Last 4 digits of account number <u>0638</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1,000.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.454	Nonpriority creditor's name and mailing address PROGRESSIVE SALES & SERVICE AVE. ROOSEVELT 1163 PUERTO NUEVO San Juan, PR 00920 Date(s) debt was incurred _____ Last 4 digits of account number <u>0831</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$609.43</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.455	Nonpriority creditor's name and mailing address PUERTO RICO BIOMEDICAL PO Box 4755 Carolina, PR 00984-4755 Date(s) debt was incurred _____ Last 4 digits of account number <u>0486</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$3,434.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.456	Nonpriority creditor's name and mailing address PUERTO RICO HOSPITAL Date(s) debt was incurred _____ Last 4 digits of account number <u>0222</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$126,816.63</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.457	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PO BOX 71401 San Juan, PR 00936 Date(s) debt was incurred _____ Last 4 digits of account number <u>0702</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$219.73</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.458	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred _____ Last 4 digits of account number <u>1241</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$844.26</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.459	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred _____ Last 4 digits of account number <u>1242</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$983.52</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.460	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred ____ Last 4 digits of account number 1243	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$457.43
3.461	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred ____ Last 4 digits of account number 1244	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$726.28
3.462	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred ____ Last 4 digits of account number 1245	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.03
3.463	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred ____ Last 4 digits of account number 1246	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$191.86
3.464	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred ____ Last 4 digits of account number 1247	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$457.43
3.465	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred ____ Last 4 digits of account number 1248	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,377.37
3.466	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred ____ Last 4 digits of account number 1249	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$942.52

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3.467	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred ____ Last 4 digits of account number <u>1250</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$229.22</u>
3.468	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred ____ Last 4 digits of account number <u>1251</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$401.91</u>
3.469	Nonpriority creditor's name and mailing address PUERTO RICO TELEPHONE PUERTO RICO TELEPHONE PO BOX 71535 San Juan, PR 00936-8635 Date(s) debt was incurred ____ Last 4 digits of account number <u>1314</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$554.43</u>
3.470	Nonpriority creditor's name and mailing address PUERTORICO TELEPHONE PO Box 8635 San Juan, PR 00910-0635 Date(s) debt was incurred ____ Last 4 digits of account number <u>1315</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$693.53</u>
3.471	Nonpriority creditor's name and mailing address R H REALTY MANAGEMENT URB PASEO DEL PARQUE 10 CALLE TIVOLI SAN JUAN, PR 00926 Date(s) debt was incurred ____ Last 4 digits of account number <u>0597</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$19,112.54</u>
3.472	Nonpriority creditor's name and mailing address RADIOLOGY SUPPORTING SERVICES URB PASEO DEL PARQUE CALLE TIVOLI 10 SAN JUAN, PR 00926 Date(s) debt was incurred ____ Last 4 digits of account number <u>0641</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,902.50</u>
3.473	Nonpriority creditor's name and mailing address RAFAEL SANTIAGO URB. VILLA UNIVERSITARIA C/ROIG D-73 GUA Date(s) debt was incurred ____ Last 4 digits of account number <u>8000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

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3.474	Nonpriority creditor's name and mailing address RAMON COLON AGUIRRE PO Box 128 BOX 128 Arroyo, PR 00714-0128 Date(s) debt was incurred _____ Last 4 digits of account number <u>0196</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$630.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.475	Nonpriority creditor's name and mailing address RAMON SANCHEZ 2128 CALLE TOLOSA URB. VILLA DEL CARMEN Date(s) debt was incurred _____ Last 4 digits of account number <u>1795</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.476	Nonpriority creditor's name and mailing address REGIONAL ADJUSTMENT BUREAU PO Box 34111 Memphis, TN 38184-0111 Date(s) debt was incurred _____ Last 4 digits of account number <u>5386</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,966.32</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.477	Nonpriority creditor's name and mailing address REINALDO ALBINO PO Box 10008 Guayama, PR 00785-4008 Date(s) debt was incurred _____ Last 4 digits of account number <u>0687</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$640.12</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.478	Nonpriority creditor's name and mailing address REINALDO ALBINO MILIAN HC 65 Patillas, PR 00723-9377 Date(s) debt was incurred _____ Last 4 digits of account number <u>2624</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,050.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.479	Nonpriority creditor's name and mailing address REPUBLIC SERVICES PO Box 7104 Ponce, PR 00732-7104 Date(s) debt was incurred _____ Last 4 digits of account number <u>0879</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$917.66</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.480	Nonpriority creditor's name and mailing address REYES CONTRACTOR GROUP INC. URB CERRO GORDO HILLS 22 RAUL JULIA VEGA ALTA, PR 00692 Date(s) debt was incurred _____ Last 4 digits of account number <u>0648</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$450.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.481	Nonpriority creditor's name and mailing address RICHARD AMPIER NEGRON URB. CIUDAD UNIVERSITARIA, CALLE 1 DD 13 Date(s) debt was incurred ____ Last 4 digits of account number <u>9104</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.482	Nonpriority creditor's name and mailing address RICHARD QUINONEZ PARCELAS VIEJAS # 81 BO. COQUI AGUIRRE, Date(s) debt was incurred ____ Last 4 digits of account number <u>9335</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.483	Nonpriority creditor's name and mailing address RIMACO, INC PO Box 8895 San Juan, PR 00910-0895 Date(s) debt was incurred ____ Last 4 digits of account number <u>0521</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$7,961.32</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.484	Nonpriority creditor's name and mailing address RMC ORTHOPEDIC & SURGICAL, INC. AGM BUILDING 42 CARR 20 SUITE 102 GUAYNABO, PR 00966-3325 Date(s) debt was incurred ____ Last 4 digits of account number <u>0826</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$975.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.485	Nonpriority creditor's name and mailing address ROBERTO A. SALICETI PO Box 3080 Guayama, PR 00785-3080 Date(s) debt was incurred ____ Last 4 digits of account number <u>0848</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.486	Nonpriority creditor's name and mailing address ROBERTO GARCIA RIVERA HC 2 Box 4751 Guayama, PR 00784-7551 Date(s) debt was incurred ____ Last 4 digits of account number <u>9718</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.487	Nonpriority creditor's name and mailing address ROBERTO MARTINEZ FILIPE URB. COLINAS DEL PRADO CALLE REINA ELIZA Date(s) debt was incurred ____ Last 4 digits of account number <u>4443</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.488	Nonpriority creditor's name and mailing address ROBERTO RESTO RAMOS URB JARDINES DE ARROYO CALLE CC AL-25 AR Date(s) debt was incurred ____ Last 4 digits of account number <u>8287</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.489	Nonpriority creditor's name and mailing address ROLANDO RIVERA HC 1 Box 18311 Coamo, PR 00769-9800 Date(s) debt was incurred ____ Last 4 digits of account number <u>3206</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.490	Nonpriority creditor's name and mailing address ROLMARIE COLON GARCIA BO LOS POLLOS SECTOR PARCELAS NUEVAS 105 PATILLAS, PR 00723 Date(s) debt was incurred ____ Last 4 digits of account number <u>6165</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,029.50</u>
3.491	Nonpriority creditor's name and mailing address ROSA H. MARTINEZ TORRES BDA. BLONDET CALLE C 290 GUAYAMA, PR 007 Date(s) debt was incurred ____ Last 4 digits of account number <u>8740</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.492	Nonpriority creditor's name and mailing address ROSA I COLON Urb.Valles de Guayama, Calle 7, L-11, GU Date(s) debt was incurred ____ Last 4 digits of account number <u>6279</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.493	Nonpriority creditor's name and mailing address ROSIMAR APONTE GIBOYEAU PO Box 474 Arroyo, PR 00714-0474 Date(s) debt was incurred ____ Last 4 digits of account number <u>3290</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.494	Nonpriority creditor's name and mailing address RUTH A. ORTIZ RIVERA Urb.Valles de Patillas V-2 calle 14 PATI Date(s) debt was incurred ____ Last 4 digits of account number <u>7992</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

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3.495	Nonpriority creditor's name and mailing address RUTH SANABRIA CORA BO. YAUREL HC 01 6107 ARROYO, PR 00714 Date(s) debt was incurred ____ Last 4 digits of account number <u>5532</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.496	Nonpriority creditor's name and mailing address S A B I A M E D PO Box 6150 Caguas, PR 00726-6150 Date(s) debt was incurred ____ Last 4 digits of account number <u>0840</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$236,873.84</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.497	Nonpriority creditor's name and mailing address SAMUEL SANCHEZ COLON HC 1 Arroyo, PR 00714-9801 Date(s) debt was incurred ____ Last 4 digits of account number <u>2776</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.498	Nonpriority creditor's name and mailing address SANDRA G. COTTO MONTANEZ URB. VILLA MAR CALLE CASPIO A 18 GUAYAMA Date(s) debt was incurred ____ Last 4 digits of account number <u>9584</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,565.52</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.499	Nonpriority creditor's name and mailing address SANDRA G. COTTO MONTAÑEZ URB VILLA MAR CALLE CASPIO A 18 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>5166</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,207.84</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.500	Nonpriority creditor's name and mailing address SANTURCE X RAY & MEDICAL SUPPL PO Box 11749 San Juan, PR 00910-2849 Date(s) debt was incurred ____ Last 4 digits of account number <u>0503</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$14,291.64</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.501	Nonpriority creditor's name and mailing address SARA J. MARTINEZ PROSPERE HC 64 Patillas, PR 00723-9802 Date(s) debt was incurred ____ Last 4 digits of account number <u>8730</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.502	Nonpriority creditor's name and mailing address SECRETARIO DE HACIENDA PO Box 9024140 San Juan, PR 00902-4140 Date(s) debt was incurred ____ Last 4 digits of account number 0433	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$172.45
3.503	Nonpriority creditor's name and mailing address SERGIO CORREA DIAZ ESIDENCIAL BELLA VISTA EDIF 6 APT 39 SAL Date(s) debt was incurred ____ Last 4 digits of account number 7249	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.504	Nonpriority creditor's name and mailing address SERV CORP 405 AVENIDA ESMERALDA PMB 241 Guaynabo, PR 00969 Date(s) debt was incurred ____ Last 4 digits of account number 5276	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,860.00
3.505	Nonpriority creditor's name and mailing address SHEILA RAMOS SOTO BDA.MARIN CARR.MACHETE A-86, CARR. MACHE Date(s) debt was incurred ____ Last 4 digits of account number 1691	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.506	Nonpriority creditor's name and mailing address SHEILA T VEGA COLON URB.VISTA DEL SOL, CALLE 3 A 21, GUAYAMA Date(s) debt was incurred ____ Last 4 digits of account number 5451	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1.00
3.507	Nonpriority creditor's name and mailing address SISTEMA DE SALUD MENONITA PO Box 372800 Cayey, PR 00737-2800 Date(s) debt was incurred ____ Last 4 digits of account number 6343	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$226,888.66
3.508	Nonpriority creditor's name and mailing address SISTEMA DE SALUD METROPOLITANO 101 AVE SAN PATRICIO SUITE 960 GUAYNABO, PR 00968 Date(s) debt was incurred ____ Last 4 digits of account number 6332	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297,440.00

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3.509	Nonpriority creditor's name and mailing address SIXMARY RODRIGUEZ URB JARDINES DE SALINAS 101 CALLE JULIO MARTINEZ SALINAS, PR 00751 Date(s) debt was incurred _____ Last 4 digits of account number <u>6187</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,100.00</u>
3.510	Nonpriority creditor's name and mailing address SOL H REYES VELAZQUEZ HACIENDA LOS RECREOS 7, CALLE LAS DELICI Date(s) debt was incurred _____ Last 4 digits of account number <u>4555</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.511	Nonpriority creditor's name and mailing address SOMIG SOPHIA JOUBERT URB. BLONDET CALLE F- 132, GUAYAMA, PR 0 Date(s) debt was incurred _____ Last 4 digits of account number <u>4847</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.512	Nonpriority creditor's name and mailing address SONA M CLAUDIO RIVERA BO. CORAZON, CALLE SAN FELIPE 154-5, GUA Date(s) debt was incurred _____ Last 4 digits of account number <u>3428</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.513	Nonpriority creditor's name and mailing address SONIA I SOLIS VEGA HC 764 BUZON 6847, PATILLAS, PR 00723 Date(s) debt was incurred _____ Last 4 digits of account number <u>6274</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.514	Nonpriority creditor's name and mailing address SOUTHERN PATOLOGY 234-A SABANETA INDUSTRIAL PARK PONCE, PR 00716 Date(s) debt was incurred _____ Last 4 digits of account number <u>1288</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$219.25</u>
3.515	Nonpriority creditor's name and mailing address SPOT ON HOLD PO Box 1836 Mayaguez, PR 00681-1836 Date(s) debt was incurred _____ Last 4 digits of account number <u>0534</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$249.75</u>

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3.516 Nonpriority creditor's name and mailing address STEPHANIE CARTAGENA ROMAN BDA. MARIN, 136 CALLE, GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>6373</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<hr/>		
3.517 Nonpriority creditor's name and mailing address STEPHANIE COLLAZO LOPEZ URB. LA ARBOLEDA CALLE 22 244 SALINAS, P Date(s) debt was incurred ____ Last 4 digits of account number <u>5639</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
<hr/>		
3.518 Nonpriority creditor's name and mailing address STERICYCLE, INC. PO Box 6582 Carol Stream, IL 60197-6582 Date(s) debt was incurred ____ Last 4 digits of account number <u>0715</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$19,884.96</u>
<hr/>		
3.519 Nonpriority creditor's name and mailing address STRYKER SUSTAINABILITY STRYKER SUSTAINABILITY 10232 S 51st St Phoenix, AZ 85044-5205 Date(s) debt was incurred ____ Last 4 digits of account number <u>0792</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$23,731.34</u>
<hr/>		
3.520 Nonpriority creditor's name and mailing address SYSTEMONE PO Box 10567 San Juan, PR 00922-0567 Date(s) debt was incurred ____ Last 4 digits of account number <u>0259</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,349.12</u>
<hr/>		
3.521 Nonpriority creditor's name and mailing address SYSTRONICS, INC PO Box 7205 Ponce, PR 00732-7205 Date(s) debt was incurred ____ Last 4 digits of account number <u>0261</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,555.04</u>
<hr/>		
3.522 Nonpriority creditor's name and mailing address TARIMAX DE PUERTO RICO, INC PO Box 793 Patillas, PR 00723-0793 Date(s) debt was incurred ____ Last 4 digits of account number <u>5289</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,000.00</u>

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3.523 Nonpriority creditor's name and mailing address TOMAS LEDEE FRANCO BO. OLIMPO, CALLE 2 NO. 224 A, GUAYAMA, Date(s) debt was incurred ____ Last 4 digits of account number <u>1088</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.524 Nonpriority creditor's name and mailing address TONER & INKJET EXPRESS AVE. FAGOT A10 SUITE 2 PONCE, PR 00717 Date(s) debt was incurred ____ Last 4 digits of account number <u>0884</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,396.01</u>
3.525 Nonpriority creditor's name and mailing address UMECOINC PO Box 21536 San Juan, PR 00928-1536 Date(s) debt was incurred ____ Last 4 digits of account number <u>0277</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$31,712.07</u>
3.526 Nonpriority creditor's name and mailing address UNICARE CORPORATION PO Box 1051 Sabana Seca, PR 00952-1051 Date(s) debt was incurred ____ Last 4 digits of account number <u>0275</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,816.15</u>
3.527 Nonpriority creditor's name and mailing address VITA LIFE INC. FEDERICO COSTAS ST M-1046 #2 TRES MONJITAS SAN JUAN, PR 00918 Date(s) debt was incurred ____ Last 4 digits of account number <u>0283</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$694.00</u>
3.528 Nonpriority creditor's name and mailing address VIVIANA SALGADO BO. OLIMPO CALLE B #453 GUAYAMA, PR 0078 Date(s) debt was incurred ____ Last 4 digits of account number <u>7910</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.529 Nonpriority creditor's name and mailing address WAL-SMART, INC 54 VALLE SUR MAYAGUEZ, PR 00680 Date(s) debt was incurred ____ Last 4 digits of account number <u>0886</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,442.43</u>

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3.530	Nonpriority creditor's name and mailing address WALESKA ROLON RODRIGUEZ HC 01 BOX 8114 SALINAS, PR 00751 Date(s) debt was incurred _____ Last 4 digits of account number <u>7868</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.531	Nonpriority creditor's name and mailing address WALTER J. RODRIGUEZ APONTE CAMPITOS BRENES #1 ARROYO, PR 00714 Date(s) debt was incurred _____ Last 4 digits of account number <u>6108</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,537.32</u>
3.532	Nonpriority creditor's name and mailing address WALTER RODRIGUEZ APONTE CAMPITOS BRENES NUM 1 ARROYO, PR 00714 Date(s) debt was incurred _____ Last 4 digits of account number <u>8710</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,101.20</u>
3.533	Nonpriority creditor's name and mailing address WANDA I VAZQUEZ RODRIGUEZ JARDINES DEL CARIBE, CALLE 31 FF 2, PONC Date(s) debt was incurred _____ Last 4 digits of account number <u>6098</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.534	Nonpriority creditor's name and mailing address WILDA RODRIGUEZ PEREZ BDA. SANTA ANA CALLE C NUM. 105-14 GUAYA Date(s) debt was incurred _____ Last 4 digits of account number <u>4419</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.535	Nonpriority creditor's name and mailing address WILDALIS M. CARTAGENA CALLE MALAGUETA NO674 GUAYAMA, PR 00784 Date(s) debt was incurred <u>9392</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.536	Nonpriority creditor's name and mailing address WILLIAM RUIZ DIAZ BOX 6837, PTO JOBOS C C 167, GUAYAMA, PR Date(s) debt was incurred _____ Last 4 digits of account number <u>4187</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>

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3.537	Nonpriority creditor's name and mailing address WILSON RIVERA RODRIGUEZ BO.LOS POLLOS CARR.757 KM.1, HM.6, PATIL Date(s) debt was incurred _____ Last 4 digits of account number <u>7004</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.538	Nonpriority creditor's name and mailing address WMED SOLUTIONS URB VISTALAGO CALLE LAGO LA PLATA #60 GURABO, PR 00778 Date(s) debt was incurred _____ Last 4 digits of account number <u>0220</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1,131.75</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.539	Nonpriority creditor's name and mailing address XAELY VAZQUEZ CRUZ BO. JAUCA 474 #5 SANTA ISABEL, PR 00757 Date(s) debt was incurred _____ Last 4 digits of account number <u>4479</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.540	Nonpriority creditor's name and mailing address XEROX PO Box 299075 Lewisville, TX 75029-9075 Date(s) debt was incurred _____ Last 4 digits of account number <u>0788</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$3,097.51</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.541	Nonpriority creditor's name and mailing address XIOMARIE RODRIGUEZ Residencial Bella Vista Edif 6, Apt 38, Date(s) debt was incurred _____ Last 4 digits of account number <u>8046</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.542	Nonpriority creditor's name and mailing address YAMILCA GOMEZ CAMACHO BO. CORAZON CALLE SAN CIPRIAN 923-16 GUA Date(s) debt was incurred _____ Last 4 digits of account number <u>6887</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.543	Nonpriority creditor's name and mailing address YANITZA RAMOS RODRIGUEZ Bo. Parcelas Vazquez 718 Calle Miguel Co Date(s) debt was incurred _____ Last 4 digits of account number <u>5177</u>	As of the petition filing date, the claim is: Check all that apply. <u>\$1.00</u> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.544	Nonpriority creditor's name and mailing address YEILIZ HERNANDEZ RIVERA COMUNIDAD LAS 500 CALLE TOPICA 347 ARROY Date(s) debt was incurred ____ Last 4 digits of account number <u>7095</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.545	Nonpriority creditor's name and mailing address YEIZA SANTIAGO URB. PASEO COSTA SUR CALLE 10 BUZON 332 Date(s) debt was incurred ____ Last 4 digits of account number <u>9127</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$360.00</u>
3.546	Nonpriority creditor's name and mailing address YESSENIA ORTIZ ORTIZ URB HACIENDA GUAMANI 125 CALLE HIGUILLO GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>6082</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$98.59</u>
3.547	Nonpriority creditor's name and mailing address YESSENIA ORTIZ ORTIZ URB. HACIENDA GUAMAN I#125 CALLE HIGUILL Date(s) debt was incurred ____ Last 4 digits of account number <u>8136</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$231.04</u>
3.548	Nonpriority creditor's name and mailing address YOLANDA FONTANEZ Urb. Ciudad Universitaria R-6 Calle Zorz Date(s) debt was incurred ____ Last 4 digits of account number <u>6348</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1.00</u>
3.549	Nonpriority creditor's name and mailing address ZAIDA L. ESTRADA URB CIUDAD UNIVERSITARIA C GORRION G-14 GUAYAMA, PR 00784 Date(s) debt was incurred ____ Last 4 digits of account number <u>5878</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$674.02</u>
3.550	Nonpriority creditor's name and mailing address ZAIDA L. ESTRADA URB. CIUDAD UNIVERSITARIA C-GORRION G-14 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$750.00</u>

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3.551 Nonpriority creditor's name and mailing address
ZERO MEDICAL WASTE CORP.
425 CARR 693 PMB 135
DORADO, PR 00646

Date(s) debt was incurred

Last 4 digits of account number **6331**

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$4,593.54

3.552 Nonpriority creditor's name and mailing address
ZULEIKA M. OCASIO AYALA
Bo.Palma Parcelas Nuevas Calle #3 Casa 3

Date(s) debt was incurred

Last 4 digits of account number **3438**

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset? ☒ No ☐ Yes

\$1.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

		Total of claim amounts
5a.	\$	0.00
5b.	+	\$ 7,688,362.20
5c.	\$	7,688,362.20

Fill in this information to identify the case:

Debtor name Clinica Santa Rosa de Guayama

United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, PONCE DIVISION

Case number (if known) 2:16-bk-9033

☐ Check if this is an amended filing

12/15

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.1. State what the contract or lease is for and the nature of the debtor's interest

Professional Services

State the term remaining

Abigail Bristol
Guayama

List the contract number of any government contract

- 2.2. State what the contract or lease is for and the nature of the debtor's interest

Professional Services

State the term remaining

Adaliz Caban Rios
Guayama

List the contract number of any government contract

- 2.3. State what the contract or lease is for and the nature of the debtor's interest

Professional Services

State the term remaining

Adelaura Alicea
PO Box 66
Arroyo, PR 00714-0066

List the contract number of any government contract

- 2.4. State what the contract or lease is for and the nature of the debtor's interest

Professional Services

State the term remaining

Berenice De Jesus Alvarado
Coamo

List the contract number of any government contract

Debtor 1 **Clinica Santa Rosa de Guayama**
First Name Middle Name Last Name

Case number (if known) **2:16-bk-9033**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **Professional Services**
State the term remaining
List the contract number of any government contract **Dalixne Laboy Cora**
- 2.6. State what the contract or lease is for and the nature of the debtor's interest **Professional Services**
State the term remaining
List the contract number of any government contract **Grace M. Fajardo Gonzalez Arroyo**
- 2.7. State what the contract or lease is for and the nature of the debtor's interest **Professional Services**
State the term remaining
List the contract number of any government contract **Idalys M. Viole Rodriguez Arroyo**
- 2.8. State what the contract or lease is for and the nature of the debtor's interest **Professional Services**
State the term remaining
List the contract number of any government contract **Jailene De Jesus Cosme Guayama**
- 2.9. State what the contract or lease is for and the nature of the debtor's interest **Professional Services**
State the term remaining
List the contract number of any government contract **Jennifer Navas Rosado Arroyo**
- 2.10. State what the contract or lease is for and the nature of the debtor's interest **Professional Services**
State the term remaining
Jonathan Marrero Santa Isabel

Debtor 1 Clinica Santa Rosa de Guayama
First Name Middle Name Last Name

Case number (if known) 2:16-bk-9033

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.11. State what the contract or lease is for and the nature of the debtor's interest

Professional Services

State the term remaining _____

**Jonathan Santiago Morales
Guayama**

List the contract number of any government contract _____

2.12. State what the contract or lease is for and the nature of the debtor's interest

Professional Services

State the term remaining _____

**Jossie De Leon Pedraza
Salinas**

List the contract number of any government contract _____

2.13. State what the contract or lease is for and the nature of the debtor's interest

Professional Services

State the term remaining _____

Maribel Ortiz Torres

List the contract number of any government contract _____

2.14. State what the contract or lease is for and the nature of the debtor's interest

Professional Services

State the term remaining _____

**Michelle Colón Medina
Guayama**

List the contract number of any government contract _____

2.15. State what the contract or lease is for and the nature of the debtor's interest

Professional Services

State the term remaining _____

Rolmarie Colon Garcia

List the contract number of any government contract _____

Debtor 1 Clinica Santa Rosa de Guayama
First Name Middle Name Last Name

Case number (if known) 2:16-bk-9033

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.16. State what the contract or lease is for and the nature of the debtor's interest **Professional Services**

State the term remaining

Walter Rodriguez
Arroyo

List the contract number of any government contract

2.17. State what the contract or lease is for and the nature of the debtor's interest **Professional Services**

State the term remaining

Yessenia Ortiz Ortiz
Guayama

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Clinica Santa Rosa de Guayama
United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO, PONCE DIVISION
Case number (if known) 2:16-bk-9033

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G